

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1989</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ARCH CHEMICALS, INC.</u> <u>C/O LONZA INC.</u> <u>90 BOROLINE ROAD</u> <u>ALLENDALE, NJ 07401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-1526315</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>201-316-9200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1526315</u>	2c Sponsor's telephone number <u>201-316-9200</u>	2d Business code (see instructions) <u>325100</u>	
2b Employer Identification Number (EIN) <u>06-1526315</u>					
2c Sponsor's telephone number <u>201-316-9200</u>					
2d Business code (see instructions) <u>325100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2012	ALICIA ALCOSSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2012	ALICIA ALCOSSER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ARCH CHEMICALS, INC. C/O LONZA INC. 90 BOROLINE ROAD ALLENDALE, NJ 07401	3b Administrator's EIN 06-1526315 3c Administrator's telephone number 201-316-9200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3229
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1373
b Retired or separated participants receiving benefits.....	6b	732
c Other retired or separated participants entitled to future benefits.....	6c	1128
d Subtotal. Add lines 6a , 6b , and 6c	6d	3233
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	3256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	181

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1C 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:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

A Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARCH CHEMICALS, INC.</u>	D Employer Identification Number (EIN) <u>06-1526315</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>327188835</u>
b Actuarial value	2b <u>303839530</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>645</u> <u>117070069</u>
b For terminated vested participants	3b <u>1037</u> <u>38577451</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>7051733</u>
(2) Vested benefits	3c(2) <u>136337565</u>
(3) Total active	3c(3) <u>1547</u> <u>143389298</u>
d Total	3d <u>3229</u> <u>299036818</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.31 %</u>
6 Target normal cost	6 <u>10695591</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/03/2012</u>
Signature of actuary	Date
<u>DAVID L. PALMERINO, FSA, MAAA</u>	<u>11-06578</u>
Type or print name of actuary	Most recent enrollment number
<u>SIBSON CONSULTING</u>	<u>212-251-5000</u>
Firm name	Telephone number (including area code)
<u>333 WEST 34TH STREET</u> <u>NEW YORK, NY 10001</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	55159517
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5046789
9	Amount remaining (line 7 minus line 8)	0	50112728
10	Interest on line 9 using prior year's actual return of <u>14.39</u> %	0	7211222
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		26859029
b	Interest on (a) using prior year's effective rate of <u>6.69</u> % except as otherwise provided (see instructions)		2185472
c	Total available at beginning of current plan year to add to prefunding balance		29044501
d	Portion of (c) to be added to prefunding balance		7286125
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	64610075

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	101.60 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 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
0	0
(3) 3rd	(4) 4th
0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	10695591	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	59807363	10663880	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	21359471	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	21359471	21359471
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

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

A Name of plan THE PENSION PLAN OF ARCH CHEMICALS	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ARCH CHEMICALS, INC.	D Employer Identification Number (EIN) 06-1526315

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation NORTHERN TRUST CORPORATION 36-2723087

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

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 21 72 18 24 28	TRUSTEE	1105340	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SIBSON CONSULTING

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17	NONE	199709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCH CHEMICALS, INC.

06-1526315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	18024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROC AMERICAS INC.

26-2949264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	21346	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
<p>ROC AMERICAS INC.</p> <p>26-2949264</p>	<p>70 50</p>	<p>INDIRECT COMPENSATION DISCLOSURE</p>

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

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

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

a Name: KPMG LLP	b EIN: 06-1526315
c Position: ACCOUNT	
d Address: 3001 SUMMER STREET STAMFORD, CT 06905-4317	e Telephone: 203-406-8614

Explanation: CHANGE IN ACCOUNTANT TO WISS & COMPANY LLP DUE TO THE ACQUISITION OF ARCH CHEMICALS INC. BY LONZA. LONZA HAS DECIDED TO UTILIZE 1 ACCOUNTING FIRM FOR PURPOSES OF ALL 2011 PLAN AUDITS DUE TO EFFICIENCIES OF SUCH A CONSOLIDATION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARCH CHEMICALS, INC.</u>	D Employer Identification Number (EIN) <u>06-1526315</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19910612</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATION EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36591160</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CS MCKEE LARGE CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-115</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14092861</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV MID-CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5973609</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MARSICO FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-057</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13883120</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NWQ FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-080</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15553682</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SASCO FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-070</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5797531</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLAIR FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT		
c EIN-PN 06-6275604-028	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5699167

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT		
c EIN-PN 06-6275604-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6113811

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS LCG FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT		
c EIN-PN 06-6275604-163	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13595679

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS MCG FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT		
c EIN-PN 06-6275604-203	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4445245

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND-NON LENDING		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65164152

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CORE PLUS TOT REFUND FUND		
b Name of sponsor of entity listed in (a): BLACKROCK		
c EIN-PN 20-3302210-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102922981

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">003</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARCH CHEMICALS, INC.</u>	D Employer Identification Number (EIN) <div style="text-align: center;"><u>06-1526315</u></div>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	187	
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	327188648	309964755
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	327188835	309964755

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	322858	87008
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	322858	87008

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	326865977	309877747
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Part II Income and Expense Statement

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

Income**a Contributions:**

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

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

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

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

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3179074
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-3179074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12351157	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12351157
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1305049	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	21346	
(4) Other	2i(4)	131604	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1457999
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13809156

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16988230
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: **WISS & COMPANY**

(2) EIN: **22-1732349**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARCH CHEMICALS, INC.</u>	D Employer Identification Number (EIN) <u>06-1526315</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-1526315</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>45</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2011
v.012611

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 7% Investment-Grade Debt: 91% High-Yield Debt: _____% Real Estate: _____% Other: 2%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



INDEPENDENT AUDITORS' REPORT

Pension Administration and Review Committee
The Pension Plan of Arch Chemicals:

We were engaged to audit the accompanying statements of net assets available for benefits of The Pension Plan of Arch Chemicals (the "Plan") as of December 31, 2011, the related statements of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2010 and for the year then ended were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated October 14, 2011 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by the Northern Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the 2011 financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. The form and content of the information included in the 2011 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

Wiss & Company

WISS & COMPANY, LLP

Livingston, New Jersey
October 11, 2012

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Line 32 – Statement Schedule of Amortization Bases
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Type of Base	Date Established	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
Shortfall	January 1, 2010	\$38,924,976	6	\$7,228,111
Shortfall	January 1, 2011	<u>20,882,387</u>	7	<u>3,435,769</u>
	Total	\$59,807,363		\$10,663,880

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Interest:	<p>The interest rates used for the 2011 plan year are the 24-month average corporate bond yields during September 2010. These discount rates are 3.78% for payments in the first 5 years, 6.31% for payments in years 6 – 20, and 6.57% for payments thereafter, which translates to an effective interest rate of 6.31%. (Prior year 24-month average corporate bond rates were 5.03% for payments in the first 5 years, 6.73% for payments in years 6 – 20, and 6.82% for payments thereafter, which translates to an effective interest rate of 6.69%.)</p> <p>The yield curve used to determine the PBGC variable rate premium is the same as funding.</p>																				
Mortality rates:	<p>RP2000 separate annuitant and non-annuitant tables with static projection. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for nonannuitants. This assumption is one of the choices allowed by the regulations.</p>																				
Salary Increases:	<table border="1"> <thead> <tr> <th>Age</th><th>Annual Increase*</th></tr> </thead> <tbody> <tr> <td>20</td><td>7.52%</td></tr> <tr> <td>25</td><td>6.57</td></tr> <tr> <td>30</td><td>5.72</td></tr> <tr> <td>35</td><td>4.97</td></tr> <tr> <td>40</td><td>4.32</td></tr> <tr> <td>45</td><td>3.77</td></tr> <tr> <td>50</td><td>3.32</td></tr> <tr> <td>55</td><td>2.97</td></tr> <tr> <td>60</td><td>2.72</td></tr> </tbody> </table> <p>*Includes inflation of 2.50%</p>	Age	Annual Increase*	20	7.52%	25	6.57	30	5.72	35	4.97	40	4.32	45	3.77	50	3.32	55	2.97	60	2.72
Age	Annual Increase*																				
20	7.52%																				
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Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Termination rates:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		</
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Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Retirement rates: (from active status)		Age	Rate
		55	5%
		56	5%
		57	5%
		58	5%
		59	5%
		60	5%
		61	5%
		62	25%
		63	25%
		64	25%
		65	50%
		66	75%
		67	100%
Retirement from inactive status:	Age 65		
Percent married:	80%		
Age difference:	Husbands are three years older than wives.		
Administrative expenses:	An expense assumption is required under the funding rules. Plan-related expenses of \$817,972 are expected to be paid by the plan during the year.		
Asset method:	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% and 110% of the market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 8.25%, not to exceed the applicable third segment rate of 6.69% in 2009 and 6.43% in 2010		
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.		

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

PLAN STATUS: ONGOING	
<u>ARCH CORPORATE GROUP</u>	
Effective date:	February 8, 1999
Eligibility for participation:	Completion of one year of service.
Normal retirement:	
Eligibility:	Age 65
Amount:	<p>Greater of (i) or (ii):</p> <p>(i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of: (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65.</p> <p>(ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.</p> <p>Employees hired after March 31, 2008 participate in the Cash Balance Plan.</p>
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Disability:	None
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	\$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5 or 10 year period certain and life annuity. Social Security Level Income option..

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>BRANDENBURG / DOE RUN</u>	
Effective date:	February 8, 1999
Eligibility for participation:	Immediate upon becoming an eligible collectively bargained employee.
Normal retirement:	
Age requirement:	Age 65
Amount:	For pre-1/1/2006 hires: the flat monthly rates multiplied by years of service is \$52.50. For post-12/31/2005 hires, the flat monthly rate per year of service is \$20.00.
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested provided the participant had been actively at work on February 1, 1984.
Amount:	\$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5 or 10 year period certain and life annuity. Social Security Level Income option.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>CONLEY COLLECTIVELY BARGAINED GROUP</u>	
Effective date:	October 24, 2003
Eligibility for participation:	January 1 or July 1 after completing one year of service and after attaining age 21.
Normal retirement:	
Age requirement:	Age 65
Amount:	<p>Sum of (A) and (B) below:</p> <p>(A) Effective January 1, 2006, 0.75% of average monthly compensation, not to exceed the participant's covered compensation amount, multiplied by participant's credited service not in excess of 35 years.</p> <p>(B) 1.20% of average monthly compensation in excess of the participant's covered compensation amount multiplied by the participant's credited service, not in excess of 35 years.</p>
Early retirement:	
Eligibility:	Age 55 and 10 years of service.
Amount:	Accrued allowance reduced by 5/12% per month prior to age 65.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	<p>Joint and survivor annuity (up to 100%).</p> <p>Guaranteed 5 or 10 year period certain and life annuity.</p> <p>Social Security Level Income option.</p>

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>HICKSON CORPORATE GROUP</u>	
Effective date:	October 24, 2003
Eligibility for participation:	January 1 or July 1 after completing one year of service and after attaining age 21.
Normal retirement:	
Age requirement:	Age 65
Allowance (for service prior to January 1, 2003):	<p>Sum of (A) and (B) below:</p> <p>(A) 0.70% of average monthly compensation, not to exceed the participant's covered compensation amount, multiplied by one participant's credited service not in excess of 35 years.</p> <p>(B) 1.20% of average monthly compensation in excess of the participant's covered compensation amount multiplied by the participant's credited service, not in excess of 35 years.</p>
Allowance (for service on or after January 1, 2003):	<p>Greater of (i) or (ii):</p> <p>(i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65.</p> <p>(ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.</p>
Early retirement:	
Eligibility:	Age 55 and 10 years of service.
Allowance (for portion of benefit attributable to service before January 1, 2003):	Accrued allowance reduced by 5/12% per month prior to age 65.
Allowance (for portion of benefit attributable to service on or after January 1, 2003):	Accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Vesting benefit:	
Eligibility:	5 years of service
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	\$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	<p>Joint and survivor annuity (up to 100%).</p> <p>Guaranteed 5 or 10 year period certain and life annuity. Guaranteed period shall not exceed the participant's life expectancy at date payments commence.</p> <p>Social Security Level Income option.</p>

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>AVECIA</u>	
Effective date:	April 3, 2004
Eligibility for participation:	January 1 or July 1 following completion of one year of service.
Normal retirement:	
Age requirement:	Age 65
Allowance (for service prior to January 1, 2005):	<p><u>Benefit Schedule A:</u> The greater of:</p> <ul style="list-style-type: none"> (i) 1.2% of Average Compensation times Years of Service (ii) 1.6% times Years of Service, but not more than 50%, times Average Compensation minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. <p><u>Benefit Schedule B:</u> The sum of (i) and (ii):</p> <ul style="list-style-type: none"> (i) The benefit determined under Benefit Schedule A based on Average Compensation and Years of Service as of April 30, 1998. (ii) The accumulation for each plan year of the sum of 1.2% of Compensation up to the Breakpoint plus 1.6% of Compensation in excess of the Breakpoint. <p>Breakpoint: \$58,800 for 2004, \$58,200 for 2003, \$56,800 for 2002, and \$53,800 for 2001 as adjusted for inflation as the Social Security Wage Base.</p>
Allowance (for service on or after January 1, 2005):	<p>Greater of (i) or (ii):</p> <ul style="list-style-type: none"> (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65. (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Early retirement:	
Eligibility:	Age 50 and age plus years of service equals 70 or more.
Allowance (for portion of benefit attributable to service before January 1, 2005):	Benefit Schedule A: Immediate allowance equal to accrued allowance reduced by approximately 4.2% for each year before the date full benefits are available. Full benefits are available at age 62, or as early as age 55 if age plus service totals at least 80. Benefit Schedule B: Immediate allowance equal to accrued allowance reduced by approximately 6.0% for each year before the date full benefits are available. Full benefits are available at age 62, or as early as age 58 if age plus service totals at least 80.
Allowance (for portion of benefit attributable to service on or after January 1, 2005):	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65, or actuarially reduced allowance after age 55.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	\$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5, 10, 15, 20 or 25 year period certain and life annuity. Guaranteed period shall not exceed the participant's life expectancy at date payments commence. Social Security Level Income option.

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>CASH BALANCE PLAN</u>	
Effective date:	April 1, 2008
Eligibility for participation:	Immediate upon becoming an eligible non-collectively bargained employee.
Normal retirement:	
Eligibility:	Age 65
Amount:	Balance in Personal Pension Account which grows quarterly with Pay-Based Credits and Interest Credits. Pay-Based Credits equal 6% of compensation for the quarter. The Interest Crediting rate is the annual rate of interest on 10-year Treasuries for the month of November of the prior plan year.
Early retirement:	
Eligibility:	Age 55
Amount:	Balance in Personal Pension Account.
Disability retirement:	
Eligibility:	3 years of service
Amount:	Balance in Personal Pension Account as of early or normal retirement date. Personal Pension Account would continue to grow with Pay-Based Credits and Interest Credits. The Pay-Based Credits would be based on Base Monthly Pay at time of disability.
Vesting benefit:	
Eligibility:	3 years of service.
Amount:	Balance in Personal Pension Account.
Death benefit:	
Eligibility:	3 years of service
Amount:	Balance in Personal Pension Account.
Normal form of allowance:	
	Lump sum.
Optional forms of allowance:	
	Single life annuity Joint and survivor annuity – 50%, 75% and 100%

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Age	Years of Service									
	Total	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	30 \$31,235	30 \$31,235	-- --	-- --	-- --	-- --	-- --	-- --	-- --	-- --
25-29	96 \$44,797	83 \$43,071	13 --	-- --	-- --	-- --	-- --	-- --	-- --	-- --
30-34	114 \$59,972	82 \$57,694	25 \$62,832	5 --	2 --	-- --	-- --	-- --	-- --	-- --
35-39	172 \$67,485	98 \$55,587	30 \$89,467	17 --	26 \$76,172	1 --	-- --	-- --	-- --	-- --
40-44	194 \$76,647	85 \$61,424	28 \$77,909	23 \$100,880	36 \$77,530	21 \$108,649	1 --	-- --	-- --	-- --
45-49	213 \$83,915	71 \$66,445	37 \$91,453	29 \$93,828	31 \$86,711	28 \$97,519	13 --	4 --	-- --	-- --
50-54	253 \$89,347	66 \$62,687	33 \$86,246	26 \$87,303	21 \$96,448	35 \$95,296	21 \$114,051	48 \$111,685	3 --	-- --
55-59	264 \$94,411	53 \$70,009	22 \$86,948	30 \$100,217	14 --	19 --	22 \$113,940	66 \$105,096	36 \$88,016	2 --
60-64	173 \$101,435	18 --	15 --	14 --	8 --	23 \$97,960	11 --	31 \$114,097	38 \$93,531	15 --
65-69	29 \$84,538	5 --	4 --	1 --	2 --	3 --	2 --	5 --	2 --	5 --
70 & Over	9 --	1 --	3 --	1 --	-- --	-- --	-- --	2 --	1 --	1 --
Total	1,547 \$80,632	592 \$57,435	210 \$81,524	146 \$96,790	140 \$86,757	130 \$100,484	70 \$112,678	156 \$107,607	80 \$94,857	23 \$87,521

Attachment to 2011 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Lonza America, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

The plan's average retirement age was determined by applying at each potential retirement age the probability that the employee will retire at that age assuming all decrements other than retirement are zero (see below).

Age	Probability of Retirement	Probability of Remaining Active	Proportion Active At BOY	Weighted Retirement Age
55	0.05	0.95	1.00	2.75
56	0.05	0.95	0.95	2.66
57	0.05	0.95	0.90	2.57
58	0.05	0.95	0.86	2.49
59	0.05	0.95	0.81	2.40
60	0.05	0.95	0.77	2.32
61	0.05	0.95	0.74	2.24
62	0.25	0.75	0.70	10.82
63	0.25	0.75	0.52	8.25
64	0.25	0.75	0.39	6.29
65	0.50	0.50	0.29	9.57
66	0.75	0.25	0.15	7.29
67	1.00	0.00	0.04	2.47
Weighted Avg. Ret. Age:				62.13

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan THE PENSION PLAN OF ARCH CHEMICALS	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARCH CHEMICALS, INC.	D Employer Identification Number (EIN) 06-1526315	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>		
2	Assets:		
	a Market value	2a	327188835
	b Actuarial value	2b	303839530
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	645
	b For terminated vested participants	3b	1037
	c For active participants:		
	(1) Non-vested benefits	3c(1)	7051733
	(2) Vested benefits	3c(2)	136337565
	(3) Total active	3c(3)	1547
	d Total	3d	3229
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	6.31%
6	Target normal cost	6	10695591

Statement by Enrolled Actuary

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

SIGN HERE	DAVID L. PALMERINO <i>DLP</i> Signature of actuary DAVID L. PALMERINO, FSA, MAAA Type or print name of actuary SIBSON CONSULTING Firm name 333 WEST 34TH STREET NEW YORK NY 10001 Address of the firm	10/03/2012 Date 1106578 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	55159517
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5046789
9 Amount remaining (line 7 minus line 8)	0	50112728
10 Interest on line 9 using prior year's actual return of <u>14.39%</u>	0	7211222
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		26859029
b Interest on (a) using prior year's effective rate of <u>6.69%</u> except as otherwise provided (see instructions)		2185472
c Total available at beginning of current plan year to add to prefunding balance		29044501
d Portion of (c) to be added to prefunding balance		7286125
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	64610075

Part III Funding percentages

14 Funding target attainment percentage	14	80.00%
15 Adjusted funding target attainment percentage	15	101.60%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	10695591										
b Excess assets, if applicable, but not greater than 31a	31b											
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>59807363</td> <td>10663880</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	59807363	10663880	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	59807363	10663880										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	21359471										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	21359471									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

THE PENSION PLAN OF ARCH CHEMICALS

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

EIN: 06-1526315

PLAN NUMBER: 003

(a) (b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common Collective Trusts:			
* The Northern Trust Company	13,364 shares of Emerging Markets Fund	\$ 4,973,283	\$ 6,113,811
* The Northern Trust Company	94,661 shares of International Equity Fund	36,564,408	36,591,160
* The Northern Trust Company	17,188 shares of S&P Index Fund - Non Lending	51,331,061	65,164,152
* The Northern Trust Company	129,736 shares of CS McKee Large Cap Value Fund	13,043,234	14,092,861
* The Northern Trust Company	33,526 shares of LSV Mid Cap Value Fund	4,812,169	5,973,609
* The Northern Trust Company	61,932 shares of Marisco Large Cap Growth Fund	11,904,248	13,883,120
* The Northern Trust Company	77,189 shares of NWQ Large Cap Value Fund	14,695,589	15,553,682
* The Northern Trust Company	19,918 shares of Sasco Mid Cap Value Fund	4,206,592	5,797,531
* The Northern Trust Company	68,210 shares of Small Cap Fund	14,870,577	19,910,612
* The Northern Trust Company	51,968 shares of TCW Mid Cap Growth Fund	5,196,801	4,445,244
* The Northern Trust Company	92,481 shares of Wells Large Cap Growth Fund	10,424,719	13,595,679
* The Northern Trust Company	19,727 shares of Blair Mid Cap Growth Fund	4,052,128	5,699,167
Blackrock	8,751,954 shares of Total Return Trust Fund	91,633,372	101,834,127
		<u>267,708,181</u>	<u>308,654,755</u>
Cash -			
Cash		<u>1,310,000</u>	<u>1,310,000</u>
	Total	<u>\$ 269,018,181</u>	<u>\$ 309,964,755</u>

* Party-in-interest

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

THE PENSION PLAN OF ARCH CHEMICALS

**FINANCIAL REPORT
DECEMBER 31, 2011**





INDEPENDENT AUDITORS' REPORT

Pension Administration and Review Committee
The Pension Plan of Arch Chemicals:

We were engaged to audit the accompanying statements of net assets available for benefits of The Pension Plan of Arch Chemicals (the "Plan") as of December 31, 2011, the related statements of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2010 and for the year then ended were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated October 14, 2011 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by the Northern Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the 2011 financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. The form and content of the information included in the 2011 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

Wiss & Company
WISS & COMPANY, LLP

Livingston, New Jersey
October 11, 2012

THE PENSION PLAN OF ARCH CHEMICALS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2011	2010
ASSETS:		
Common collective trusts	\$ 309,964,755	\$ 327,188,648
Interest and dividends receivable	<u>-</u>	<u>187</u>
Total Assets	309,964,755	327,188,835
LIABILITIES -		
Accrued administrative expenses	<u>87,008</u>	<u>322,858</u>
Net Assets Available for Benefits	<u>\$ 309,877,747</u>	<u>\$ 326,865,977</u>

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

THE PENSION PLAN OF ARCH CHEMICALS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2011	2010
ADDITIONS/(REDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Net (depreciation)/appreciation in fair value of investments	\$ (3,179,623)	\$ 35,943,570
Interest and dividend income	549	1,125
Employer contributions	-	80,000,000
Total Additions, net	<u>(3,179,074)</u>	<u>115,944,695</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	(12,351,157)	(10,869,268)
Administrative expenses	<u>(1,457,999)</u>	<u>(1,511,616)</u>
Total Deductions	<u>(13,809,156)</u>	<u>(12,380,884)</u>
NET (DECREASE)/INCREASE	(16,988,230)	103,563,811
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>326,865,977</u>	<u>223,302,166</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 309,877,747</u>	<u>\$ 326,865,977</u>

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

THE PENSION PLAN OF ARCH CHEMICALS
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2010

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Participants currently receiving payments	\$ 96,660,518
Other participants	<u>128,501,540</u>
	225,162,058
 Nonvested benefits	 <u>3,633,875</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u><u>\$ 228,795,933</u></u>

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

THE PENSION PLAN OF ARCH CHEMICALS
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2010

Actuarial Present Value of Accumulated Plan Benefits at January 1, 2010	<u>\$ 214,480,996</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	7,942,046
Change in discount period	17,246,160
Benefits paid to participants	<u>(10,873,269)</u>
Net increase	<u>14,314,937</u>
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2010	<u>\$ 228,795,933</u>

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

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 1 - Description of Plan:

The following description of The Pension Plan of Arch Chemicals ("the Plan") provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit pension plan covering both union and nonunion U.S employees of Arch Chemicals, Inc. ("the Company") and its wholly owned subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Pension Administration and Review Committee (the Plan Administrator), and The Northern Trust Company is the Trustee of the Plan.

Pension Benefits – Participants are eligible to receive their vested benefits in the Plan upon retirement, or for Cash Balance participants, upon termination of employment. Employees become fully vested in the Plan: (a) after five years of employment for employees hired prior to April 1, 2008 and participate in the grandfathered plan (the "Traditional Plan"); (b) three years, for employees hired on or after April 1, 2008, who participate in the new Personal Pension Account (the "Cash Balance Plan"); or (c) attainment of age 65. The Traditional Plan permits early retirement at age 55 with 10 credited years of service. For participants with a present value of vested benefits of \$5,000 or less at the time of termination, benefits are distributed to them in the form of a lump sum cash out, or placed in a Rollover IRA (if between \$1,000 and \$5,000), if participants cannot be located. For participants in the Traditional Plan, who have more than \$5,000 of vested benefits at the time of termination, benefits are paid in the form of an annuity upon attainment of a retirement age. For participants in the Cash Balance Plan, who have more than \$5,000 of vested benefits at the time of termination, benefits are either paid in the form of an annuity or in the form of a lump sum upon attainment of age 55, or one year after termination of employment if not yet age 55. Effective November 15, 2011 the plan was frozen to all non-union new hires. Accordingly, no non-union employees that are hired on or after November 15, 2011 are eligible to participate in the Plan.

Death and Disability Benefits - The Plan provides for death benefits to a spouse of a deceased participant who has met the vesting requirement but died prior to his or her benefit commencement date. A pre-retirement survivor benefit will be paid to the surviving spouse, provided the participant and spouse had been married throughout the one year period ending on the date of death.

If the participant in the Traditional Plan dies after attaining the age and years of service necessary to qualify for early retirement, the spouse shall receive an amount equal to that which the participant would have received had the participant retired before the day of his or her death, in the form of a 50% qualified joint and survivor annuity payment. For surviving spouses of participants in the Cash Balance Plan, their benefits can be paid in the form of a lifetime-only annuity or a lump sum. For non-spouse beneficiaries of participants in the Cash Balance Plan, the benefits will be paid in the form of a lump sum only.

In the event a participant becomes disabled before attaining his or her normal retirement age, the participant will become eligible for a disability retirement allowance as provided by the participant's respective Plan provisions.

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 2 - Summary of Significant Accounting Policies:

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis, and dividends are recorded on the ex-dividend date. Net (depreciation)/appreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year. Gains or losses on security transactions are recorded as the difference between proceeds received and the average costs of investments sold. In accordance with the policy of stating investments at fair market value, net unrealized appreciation or depreciation in fair value of investments for the year is reflected in the accompanying statements of changes in net assets available for benefits.

Administrative Expenses - Administrative expenses of the Plan are generally paid by the Plan. Administrative expenses not payable by the Plan are paid by the Company.

Benefits Payments - Benefit payments to participants are recorded upon distribution.

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

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

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

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NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

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

Note 3 - Funding Policy:

The Company's policy is to make contributions to provide the benefits under the Plan and is subject to the provisions of ERISA. Contributions by the Company are based upon actuarial computations of the present value of future benefits to be paid to participants as of the beginning of the Plan year. The actuarial cost method used to determine employer contributions to the Plan is the projected unit credit method. In accordance with the Company's funding policy, contributions for 2011 and 2010 were within the minimum and maximum funding requirements of ERISA. In 2011 and 2010, the Plan Sponsor made voluntary contributions totaling \$0 and \$80,000,000, respectively. The Plan's accounting policy is to accrue contributions receivable up to the amount of any minimum funding requirements of the Plan Sponsor if any. The minimum funding requirements of ERISA for the years ended December 31, 2011 and 2010 were met.

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

Note 4 - Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Except for employees hired on or After 1, 2008, whose benefits are based on the amount accrued in their personal pension accounts, benefits under the Plan are based on employees' highest three years compensation of the last 10 years (whether or not consecutive) of credited service. The accumulated Plan benefits for active employees are based on their average compensation during the three years ending on the date as of which the benefit information is presented (the valuation date). For participants hired on or after April 1, 2008, benefits are based upon 6% of participants' eligible earnings during each quarter that the participants are employed with the Company, adjusted to accrue interest at the prevailing 10-year U.S. Treasury Note rate. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary using employee data supplied by the Company at December 31, 2010, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the valuation as of December 31, 2010 were: (a) assumed discount rate of 5.50% (6.0% in 2009) (b) retirement at rates that vary by age from age 55 to age 67, and (c) assumed mortality rates for participants based on the RP2000 Combined Healthy Table and the RP2000 Disabled Retiree Table.

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Accumulated Plan benefits are computed using the projected unit credit actuarial cost method. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Note 5 - Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. For 2011, the total amount of such benefit is subject to an overall monthly ceiling of \$4,500 which is adjusted periodically by the PBGC.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6 - Investments:

The Plan's investments, which represent 5% or more of net assets available for benefits, are as follows:

	2011	2010
Blackrock Total Return Trust Fund	\$ 101,834,127	\$ 106,974,031
*Northern Trust Company S&P Index Fund - Non Lending	65,164,152	64,166,567
*Northern Trust Company International Equity Fund	36,591,160	38,101,925
*Northern Trust Company Marisco Large Cap Growth Fund	**	17,152,972
*Northern Trust Company NWQ Large Cap Value Fund	15,553,682	16,987,868
*Northern Trust Company Small Cap Fund	19,910,612	20,273,562
*Northern Trust Company Wells Large Cap Growth Fund	**	17,127,296
*Northern Trust Company CS McKee Large Cap Value Fund	**	16,922,673

* Party-in-interest

** Amount is not 5% or more of the Plan's net assets at the end of the year.

During 2011 and 2010, the Plan's investments in common collective trusts (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by \$(3,179,623) and \$35,943,570, respectively.

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 7 - Fair Value Measurements:

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

- *Common collective trusts* - Fair value level 2 estimates based on a compilation of primarily observable market information or a broker quote in a non-active market.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Receivables included in the Statements of Net Assets Available for Benefits at December 31, 2011 and 2010 approximated fair value and are not included in the following table.

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

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

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Common collective trusts:				
Large Cap Equity	\$ -	\$ 122,289,494	\$ -	\$ 122,289,494
Mid Cap Equity	-	21,915,552	-	21,915,552
Small Cap Equity	-	19,910,612	-	19,910,612
International Equity	-	36,591,160	-	36,591,160
Emerging Markets	-	6,113,811	-	6,113,811
Bonds	-	101,834,126	-	101,834,126
Cash Equivalents	1,310,000	-	-	1,310,000
Total investments at fair value	<u>\$ 1,310,000</u>	<u>\$ 308,654,755</u>	<u>\$ -</u>	<u>\$ 309,964,755</u>

Assets at Fair Value as of December 31, 2010

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Common collective trusts:				
Large Cap Equity	\$ -	\$ 120,114,146	\$ -	\$ 120,114,146
Mid Cap Equity	-	34,901,053	-	34,901,053
Small Cap Equity	-	20,273,562	-	20,273,562
International Equity	-	38,101,925	-	38,101,925
Emerging Markets	-	6,649,515	-	6,649,515
Government Obligations	-	25,481,214	-	25,481,214
Corporate Bonds	-	22,582,218	-	22,582,218
Agency Obligations	-	3,925,947	-	3,925,947
Bank Loans	-	1,583,216	-	1,583,216
Asset-Backed Securities	-	53,037,724	-	53,037,724
Cash Equivalents	538,128	-	-	538,128
Total investments at fair value	<u>\$ 538,128</u>	<u>\$ 326,650,520</u>	<u>\$ -</u>	<u>\$ 327,188,648</u>

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

THE PENSION PLAN OF ARCH CHEMICALS

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 8 - Common Collective Trusts:

The Plan invests in investment contracts through its common collective trusts (CCT). The CCTs contract value is a relevant measure attribute since the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. At December 31, 2011 and 2010, the fair market value of the CCTs approximates contract value.

Note 9 - Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated June 24, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements under the IRC.

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

Note 10 - Investment Information Certified by the Trustee:

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly the Trustee has certified that the following information included in the financial statements and supplemental schedule is complete and accurate:

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2011.
- b) Interest and investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2011.
- c) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2011.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 11 - Related Party Transactions:

Certain Plan investments are shares of common/collective trusts managed by the Trustee and these transactions qualify as a party-in-interest under ERISA. Fees incurred and payable to the Trustee were \$1,105,340 and \$897,028 for the years ended December 31, 2011 and 2010, respectively.

THE PENSION PLAN OF ARCH CHEMICALS

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

EIN: 06-1526315

PLAN NUMBER: 003

(a) (b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common Collective Trusts:			
* The Northern Trust Company	13,364 shares of Emerging Markets Fund	\$ 4,973,283	\$ 6,113,811
* The Northern Trust Company	94,661 shares of International Equity Fund	36,564,408	36,591,160
* The Northern Trust Company	17,188 shares of S&P Index Fund - Non Lending	51,331,061	65,164,152
* The Northern Trust Company	129,736 shares of CS McKee Large Cap Value Fund	13,043,234	14,092,861
* The Northern Trust Company	33,526 shares of LSV Mid Cap Value Fund	4,812,169	5,973,609
* The Northern Trust Company	61,932 shares of Marisco Large Cap Growth Fund	11,904,248	13,883,120
* The Northern Trust Company	77,189 shares of NWQ Large Cap Value Fund	14,695,589	15,553,682
* The Northern Trust Company	19,918 shares of Sasco Mid Cap Value Fund	4,206,592	5,797,531
* The Northern Trust Company	68,210 shares of Small Cap Fund	14,870,577	19,910,612
* The Northern Trust Company	51,968 shares of TCW Mid Cap Growth Fund	5,196,801	4,445,244
* The Northern Trust Company	92,481 shares of Wells Large Cap Growth Fund	10,424,719	13,595,679
* The Northern Trust Company	19,727 shares of Blair Mid Cap Growth Fund	4,052,128	5,699,167
Blackrock	8,751,954 shares of Total Return Trust Fund	<u>91,633,372</u>	<u>101,834,127</u>
		<u>267,708,181</u>	<u>308,654,755</u>
Cash -			
Cash		<u>1,310,000</u>	<u>1,310,000</u>
	Total	<u>\$ 269,018,181</u>	<u>\$ 309,964,755</u>

* Party-in-interest

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