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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information      |                                                       |  |
| <b>1a</b> Name of plan<br><u>BASF CORPORATION HOURLY PENSION PLAN FOR CONSTRUCTION CHEMICALS BUSINESS EMPLOYEES</u><br><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>BASF CORPORATION</u><br><br><br><u>100 PARK AVENUE</u><br><u>FLORHAM PARK, NJ 07932</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>031</u>                 | <b>1c</b> Effective date of plan<br><u>04/12/1985</u> |  |
|                                                                                                                                                                                                                                                                                                                                                    | <b>2b</b> Employer Identification Number (EIN)<br><u>16-1090809</u> |                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                    | <b>2c</b> Sponsor's telephone number<br><u>973-245-6000</u>         |                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                    | <b>2d</b> Business code (see instructions)<br><u>327300</u>         |                                                       |  |

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

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

|                                                                                                            |                                                                                                 |                               |                                                                                                          |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br><br><b>Signature of plan administrator</b> | <u>10/14/2013</u><br><br>Date | <u>GEORGE H. MUSKAL, EMPLOYEE BENEFITS</u><br><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of employer/plan sponsor</b>                                                       | Date                          | Enter name of individual signing as employer or plan sponsor                                             |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of DFE</b>                                                                         | Date                          | Enter name of individual signing as DFE                                                                  |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                                 |                               | Preparer's telephone number (optional)                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                           |           | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |           | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                             |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                       |           | <b>5</b> 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b> | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b> | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                             | <b>6c</b> | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> | 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                     | <b>6e</b> | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                       | <b>6f</b> | 69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                | <b>6g</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                    | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                          |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1G 3H                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BASF CORPORATION HOURLY PENSION PLAN FOR CONSTRUCTION CHEMICALS BUSINESS EMPLOYEES</u>                        | <b>B</b> Three-digit plan number (PN) ▶ <u>031</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BASF CORPORATION</u>                                       | <b>D</b> Employer Identification Number (EIN)<br><u>16-1090809</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>             |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                               |                                      |
| <b>2</b> Assets:                                                                                                                                                                                                |                                      |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>2207602</u>             |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>2207602</u>             |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                      |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> <u>24</u> <u>1237263</u>   |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <b>3b</b> <u>32</u> <u>475868</u>    |
| <b>c</b> For active participants:                                                                                                                                                                               |                                      |
| <b>(1)</b> Non-vested benefits.....                                                                                                                                                                             | <b>3c(1)</b> <u>79367</u>            |
| <b>(2)</b> Vested benefits.....                                                                                                                                                                                 | <b>3c(2)</b> <u>575834</u>           |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b> <u>16</u> <u>655201</u> |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>72</u> <u>2368332</u>   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                            |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                            |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>7.03 %</u>               |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> <u>31660</u>                |

**Statement by Enrolled Actuary**

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

|                                                                 |                                        |
|-----------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                | <u>10/07/2013</u>                      |
| Signature of actuary                                            | Date                                   |
| <u>WILLIAM J. NICKEL, F.S.A., E.A.</u>                          | <u>11-07016</u>                        |
| Type or print name of actuary                                   | Most recent enrollment number          |
| <u>TOWERS WATSON PENNSYLVANIA INC.</u>                          | <u>215-246-4293</u>                    |
| Firm name                                                       | Telephone number (including area code) |
| <u>1500 MARKET STREET</u><br><u>PHILADELPHIA, PA 19102-4790</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) 2012**  
**v. 120126**

| <b>Part II Beginning of Year Carryover Prefunding Balances</b> |                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b>                                                       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b>                                                       | Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b>                                                      | Interest on line 9 using prior year's actual return of <u>7.80</u> % .....                                                        |                       |                        |
| <b>11</b>                                                      | Prior year's excess contributions to be added to prefunding balance:                                                              |                       |                        |
| <b>a</b>                                                       | Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 142523                 |
| <b>b</b>                                                       | Interest on (a) using prior year's effective interest rate of <u>6.28</u> % except as otherwise provided (see instructions) ..... |                       | 8950                   |
| <b>c</b>                                                       | Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 151473                 |
| <b>d</b>                                                       | Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b>                                                      | Other reductions in balances due to elections or deemed elections .....                                                           | 0                     | 0                      |
| <b>13</b>                                                      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |         |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 93.21 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 93.99 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.00 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/13/2012                                                                               | 18500                             |                                 |                          |                                   |                                 |
| 04/13/2012                                                                               | 21079                             |                                 |                          |                                   |                                 |
| 07/13/2012                                                                               | 9584                              |                                 |                          |                                   |                                 |
| 09/13/2013                                                                               | 125000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 174163                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |        |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 18459  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 141304 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |        |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |        |
| <b>c</b> If line 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       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 31660              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 160730              | 19952              |               |
|                                                                                                                                                                                      | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 51612              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 51612              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 141304             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 89692              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                                               |       |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                                               |       |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                          |       |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |       |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                                                     | 19484 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                                                     | 4763  |  |

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2012</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                             |                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/> <u>BASF CORPORATION HOURLY PENSION PLAN FOR CONSTRUCTION CHEMICALS BUSINESS EMPLOYEES</u></p> | <p><b>B</b> Three-digit plan number (PN) ▶ <u>031</u></p>                   |  |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/> <u>BASF CORPORATION</u></p>                    | <p><b>D</b> Employer Identification Number (EIN)<br/> <u>16-1090809</u></p> |  |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BASF CORPORATION MASTER TRUST

**b** Name of sponsor of entity listed in (a): BASF CORPORATION

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>16-1090809-101</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2300783</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         |                                                                                           |
| <b>A</b> Name of plan<br><b>BASF CORPORATION HOURLY PENSION PLAN FOR CONSTRUCTION CHEMICALS BUSINESS EMPLOYEES</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>031</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BASF CORPORATION</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><b>16-1090809</b>                        |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

|               |                                         |
|---------------|-----------------------------------------|
| <b>Part I</b> | <b>Small Plan Financial Information</b> |
|---------------|-----------------------------------------|

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

| <b>1 Plan Assets and Liabilities:</b>                                               |              | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets .....                                                    | <b>1a</b>    | 2031280               | 2300783         |
| <b>b</b> Total plan liabilities .....                                               | <b>1b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 2031280               | 2300783         |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| <b>(1)</b> Employers .....                                                          | <b>2a(1)</b> | 228063                |                 |
| <b>(2)</b> Participants .....                                                       | <b>2a(2)</b> |                       |                 |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions .....                                                | <b>2b</b>    |                       |                 |
| <b>c</b> Other income .....                                                         | <b>2c</b>    | 171262                |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 399325          |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 129822                |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    |                       |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    |                       |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    |                       |                 |
| <b>i</b> Other expenses .....                                                       | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 129822          |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 269503          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       |                 |

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|                                                                |           | Yes | No | Amount |
|----------------------------------------------------------------|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |        |

|                                                    | Yes | No | Amount |
|----------------------------------------------------|-----|----|--------|
| <b>3f</b> Loans (other than to participants) ..... |     | X  |        |
| <b>g</b> Tangible personal property .....          |     | X  |        |

**Part II Compliance Questions**

| <b>4</b> During the plan year:                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....                                             |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....                                                                                                                                                                         |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....                                                                                                                                                             |     | X  |        |
| <b>e</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                            |     | X  |        |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....                                                                                                                     |     | X  |        |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                             |     | X  |        |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                                                                        |     |    |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**Part III Trust Information (optional)**

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                    |                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BASF CORPORATION HOURLY PENSION PLAN FOR CONSTRUCTION CHEMICALS BUSINESS EMPLOYEES</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>031</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BASF CORPORATION</u>                           | <b>D</b> Employer Identification Number (EIN)<br><u>16-1090809</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-3275867</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

### **Schedule SB - Statement by Enrolled Actuary**

|                          |                                                                                    |
|--------------------------|------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | BASF Corporation                                                                   |
| <b>EIN/PN</b>            | 16-1090809/031                                                                     |
| <b>Plan Name</b>         | BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees |
| <b>Valuation Date</b>    | January 1, 2012                                                                    |
| <b>Enrolled Actuary</b>  | William J. Nickel, F.S.A., E.A.                                                    |
| <b>Enrollment Number</b> | 11-07016                                                                           |

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><br>BASF Corporation Hrlly Pension Plan for Construction Chemicals Ees                                                         | <b>B</b> Three-digit plan number (PN) ►                         | 031 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>BASF Corporation                                                        | <b>D</b> Employer Identification Number (EIN)<br><br>16-1090809 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

**Part I Basic Information**

|                                                                                                                                                                                                          |              |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>                                                                                                                          |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                         |              |                            |                    |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>    |                            | 2,207,602          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    |                            | 2,207,602          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                     |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 24                         | 1,237,263          |
| b For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 32                         | 475,868            |
| c For active participants:                                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> |                            | 79,367             |
| (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> |                            | 575,834            |
| (3) Total active .....                                                                                                                                                                                   | <b>3c(3)</b> | 16                         | 655,201            |
| d Total .....                                                                                                                                                                                            | <b>3d</b>    | 72                         | 2,368,332          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>     | 7.03 %                     |                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>     | 31,660                     |                    |

**Statement by Enrolled Actuary**

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

|                  |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | William J. Nickel <br>Signature of actuary<br><br>WILLIAM J. NICKEL, F.S.A., E.A.<br>Type or print name of actuary<br><br>Towers Watson Pennsylvania Inc.<br>Firm name<br><br>1500 MARKET STREET<br>PHILADELPHIA PA 19102-4790<br>Address of the firm | 10/7/2013<br>Date<br><br>11-07016<br>Most recent enrollment number<br><br>(215) 246-4293<br>Telephone number (including area code) |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

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) 2012  
v. 120126

| <b>Part II</b> |                                                                                                                                            | <b>Beginning of Year Carryover Prefunding Balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|
|                |                                                                                                                                            | (a) Carryover balance                                  | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                            | 0                                                      | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                         | 0                                                      | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                               | 0                                                      | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>7.80</u> % .....                                                                 |                                                        |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                       |                                                        |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                                                        | 142,523                |
|                | <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.28</u> % except as otherwise provided (see instructions) ..... |                                                        | 8,950                  |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                                                        | 151,473                |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                                                        | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                    | 0                                                      | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                         | 0                                                      | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 93.21 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 93.99 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 80.00 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/13/2012                                                                               | 18,500                            |                                               |                          |                                   |                                 |
| 04/13/2012                                                                               | 21,079                            |                                               |                          |                                   |                                 |
| 07/13/2012                                                                               | 9,584                             |                                               |                          |                                   |                                 |
| 09/13/2013                                                                               | 125,000                           |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 174,163                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          |                                   | 0                               |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 18,459  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 141,304 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54 % | 2nd segment:<br>6.85 % | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 31,660             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 160,730             |                    | 19,952        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 51,612             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 51,612             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 141,304            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 89,692             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                                               |        |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                                               |        |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                          |        |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |        |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                                                     | 19,484 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                                                     | 4,763  |  |

**Schedule SB Attachments (Form 5500) – 2012 Plan Year****Schedule SB, Line 15 — Reconciliation of differences between valuation results and amounts used to calculate AFTAP****BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees****EIN: 16-1090809 PN: 031**

---

|                                                               |                 |
|---------------------------------------------------------------|-----------------|
| <b>Plan Year Beginning</b>                                    | <b>1/1/2012</b> |
| Actuarial value of assets as of 1/1/2012                      | \$2,207,602     |
| Funding standard carryover balance as of 1/1/2012             | \$0             |
| Prefunding balance as of 1/1/2012                             | \$0             |
| Funding target at 1/1/2012 (disregarding at-risk assumptions) | \$2,368,332     |
| Assets for AFTAP calculation                                  | \$2,207,602     |
| Funding Target Attainment Percentage at 1/1/2012              | 93.21%          |
| <br>Annuity purchases for NHCEs during 2010 and 2011          | <br>\$0         |

**Reflection of post valuation date events not previously reflected**

|                                                                                                             |             |
|-------------------------------------------------------------------------------------------------------------|-------------|
| Increase in funding target (disregarding at-risk assumptions) for 2012 amendments/UCERs/restored accruals   | \$0         |
| IRC §436 contributions made to enable plan amendments/UCERs/restored accruals to take effect                | \$18,459    |
| Adjusted funding target, disregarding at-risk assumptions, (includes NHCE annuity purchases and amendments) | \$2,368,332 |
| Adjusted assets (includes NHCE annuity purchases and IRC §436 contributions)                                | \$2,226,061 |

|                                                                    |                  |
|--------------------------------------------------------------------|------------------|
| <b>Certified AFTAP for the plan year beginning January 1, 2012</b> | <b>93.99%</b>    |
| <b>Certification Date</b>                                          | <b>9/28/2012</b> |

**Schedule SB Attachments (Form 5500) – 2012 Plan Year**

**Schedule SB, Line 22 — Description of Weighted Average Retirement Age**

**BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees**

**EIN: 16-1090809 PN: 031**

| (1)<br>Ages | (2)<br>Rate of<br>Retirement | (3)<br>Remaining<br>Active<br>(3) at AGE-1<br>x (1-(2)) | (4)<br>Number<br>Retiring<br>(3) at AGE-1<br>minus (3) at AGE | (5)<br>Ages *<br>Number<br>Retiring:<br>(1) x (4) |
|-------------|------------------------------|---------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
|             |                              | 1.0000                                                  |                                                               |                                                   |
| 50          | 0.000                        | 1.0000                                                  | 0.0000                                                        | 0.00                                              |
| 51          | 0.000                        | 1.0000                                                  | 0.0000                                                        | 0.00                                              |
| 52          | 0.000                        | 1.0000                                                  | 0.0000                                                        | 0.00                                              |
| 53          | 0.000                        | 1.0000                                                  | 0.0000                                                        | 0.00                                              |
| 54          | 0.000                        | 1.0000                                                  | 0.0000                                                        | 0.00                                              |
| 55          | 0.050                        | 0.9500                                                  | 0.0500                                                        | 2.75                                              |
| 56          | 0.050                        | 0.9025                                                  | 0.0475                                                        | 2.66                                              |
| 57          | 0.050                        | 0.8574                                                  | 0.0451                                                        | 2.57                                              |
| 58          | 0.050                        | 0.8145                                                  | 0.0429                                                        | 2.49                                              |
| 59          | 0.050                        | 0.7738                                                  | 0.0407                                                        | 2.40                                              |
| 60          | 0.100                        | 0.6964                                                  | 0.0774                                                        | 4.64                                              |
| 61          | 0.100                        | 0.6268                                                  | 0.0696                                                        | 4.25                                              |
| 62          | 0.500                        | 0.3134                                                  | 0.3134                                                        | 19.43                                             |
| 63          | 0.500                        | 0.1567                                                  | 0.1567                                                        | 9.87                                              |
| 64          | 0.500                        | 0.0784                                                  | 0.0783                                                        | 5.01                                              |
| 65          | 1.000                        | 0.0000                                                  | 0.0784                                                        | 5.10                                              |
| 66          | 1.000                        | 0.0000                                                  | 0.0000                                                        | 0.00                                              |
| 67          | 1.000                        | 0.0000                                                  | 0.0000                                                        | 0.00                                              |
| 68          | 1.000                        | 0.0000                                                  | 0.0000                                                        | 0.00                                              |
| 69          | 1.000                        | 0.0000                                                  | 0.0000                                                        | 0.00                                              |
| 70          | 1.000                        | 0.0000                                                  | 0.0000                                                        | 0.00                                              |

Average Retirement Age:

|       |
|-------|
| 61.17 |
|-------|

The determination of the average retirement age assumes employees continue in employment until reaching the first age of retirement eligibility with the required number of years of service. After this point, only the retirement decrement is recognized.

**Schedule SB Attachments (Form 5500) – 2012 Plan Year**

**Schedule SB, Line 24 — Change in Actuarial Assumptions**

**BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees**

**EIN: 16-1090809    PN: 031**

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The administrative expense load increased from 0.15% of the Fair Value of Assets in 2011 to 0.30% of the Fair Value of Assets in 2012.

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Line 26 - Schedule of Active Participant Data  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

**Analysis of Active Participant Data by Age and Service - BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees**

| Attained Age | COMPLETED YEARS OF SERVICE |         |     |     |       |       |       |       |       |       |         |  |
|--------------|----------------------------|---------|-----|-----|-------|-------|-------|-------|-------|-------|---------|--|
|              |                            | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up |  |
| Under 25     | Count                      | 0       | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 25-29        | Count                      | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 30-34        | Count                      | 0       | 0   | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 35-39        | Count                      | 0       | 0   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 40-44        | Count                      | 0       | 0   | 0   | 2     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 45-49        | Count                      | 0       | 0   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
| 50-54        | Count                      | 0       | 0   | 1   | 1     | 1     | 0     | 1     | 0     | 0     | 0       |  |
| 55-59        | Count                      | 0       | 0   | 1   | 0     | 1     | 0     | 0     | 1     | 0     | 0       |  |
| 60-64        | Count                      | 0       | 0   | 0   | 0     | 0     | 1     | 0     | 0     | 0     | 0       |  |
| 65-69        | Count                      | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 1       |  |
| 70 & up      | Count                      | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0       |  |
|              |                            |         |     |     |       |       |       |       |       |       |         |  |
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**Schedule SB Attachments (Form 5500) – 2012 Plan Year**

**Schedule SB, Line 32 – Schedule of Amortization Bases**

**BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees**

**EIN: 16-1090809    PN: 031**

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**Amortization Record for the Plan Year**

Plan Year period: 1/1/2012 through 12/31/2012

Tax Year period: 1/1/2012 through 12/31/2012

|                                      | <b>Date<br/>Established</b> | <b>Remaining<br/>Period</b> | <b>Outstanding<br/>Balance<br/>Beginning of<br/>Year</b> | <b>Amortization Charge or<br/>Credit</b> |
|--------------------------------------|-----------------------------|-----------------------------|----------------------------------------------------------|------------------------------------------|
| <b>1. Net Shortfall Amortization</b> |                             |                             |                                                          |                                          |
|                                      | 1/1/2010                    | 13                          | 332,102                                                  | 43,288                                   |
|                                      | 1/1/2011                    | 14                          | 119,527                                                  | 26,037                                   |
|                                      | 1/1/2012                    | 7                           | (290,899)                                                | (49,373)                                 |
| Total Amortization Charges           |                             |                             |                                                          | 19,952                                   |
| <b>2. Waiver Amortization</b>        |                             |                             |                                                          |                                          |
| Total Amortization Credits           |                             |                             |                                                          | 0                                        |

Amortization charge shown above includes a "cash flow rule" acceleration of \$6,548 for 2010 and \$12,936 for 2011 triggered by compensation paid to employees in the controlled group in excess of \$1 million as indexed each year.

## Actuarial Assumptions and Methods - Construction Chemicals Hourly Plan

### Economic Assumptions

Interest rate basis:

- |                                           |                |
|-------------------------------------------|----------------|
| ▶ Applicable month                        | September 2011 |
| ▶ Yield curve basis                       | Segment rates  |
| ▶ MAP-21 applied for benefit restrictions | Yes            |

Interest rates:

- |                           |       |
|---------------------------|-------|
| ▶ First segment rate      | 5.54% |
| ▶ Second segment rate     | 6.85% |
| ▶ Third segment rate      | 7.52% |
| ▶ Effective interest rate | 7.03% |

## Demographic Assumptions

### Mortality

#### ► Healthy

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, with generational projection) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, with generational projection)

#### ► Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7

### Termination

Rates varying by age and service:

| Age | Years of Service |      |
|-----|------------------|------|
|     | <2               | >2   |
| 20  | .298             | .149 |
| 25  | .217             | .109 |
| 30  | .136             | .068 |
| 35  | .094             | .047 |
| 40  | .052             | .026 |
| 45  | .026             | .013 |
| 50  | .000             | .000 |

### Disability

SOA 1980 rates of disability.

### Retirement

Rates varying by age and service:

| Age   | Rate |
|-------|------|
| to 59 | 5%   |
| 60-61 | 10%  |
| 62-64 | 50%  |
| 65-70 | 100% |

### Percent married

85% of males; 55% of females

### Spouse age

Wives 3 years younger than husbands

### Administrative expenses

Noninvestment expenses paid from the Trust are assumed to be 0.30% of the Fair Value of Assets

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

**Form of payment:**

For single employees, a Life annuity

For married employees, 40% are assumed to take a life annuity and 60% take a 50% contingent annuity.

The table below shows full detail on the percentage of participants assumed to elect each of the available optional forms of benefit payment under the plan.

| <b>Form of Payment</b>                         | <b>Single</b> | <b>Married</b> |
|------------------------------------------------|---------------|----------------|
| Single Life Annuity                            | 100%          | 40%            |
| 50% Contingent Annuity (QJSA)                  | 0%            | 60%            |
| 66 $\frac{2}{3}$ % Contingent Annuity (QJSA) * | 0%            | 0%             |
| 75% Contingent Annuity (QJSA)                  | 0%            | 0%             |
| 5 year Certain and Life Annuity **             | 0%            | 0%             |
| 10 year Certain and Life Annuity **            | 0%            | 0%             |
| 62 Level Income Option **                      | 0%            | 0%             |
| Deminimis lump sum                             | 0%            | 0%             |

Since all annuity forms are actuarially equivalent, no explicit assumption is made for annuity forms other than the Single Life Annuity and 50% Contingent Annuity Option (QJSA).

\* Optional forms only for Streetsboro

\*\* Optional forms only for Berea

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

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## Methods

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date                                          | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Funding target and target normal cost                   | Present value of accrued benefits                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actuarial value of assets                               | Actuarial value of assets is equal to the market value of assets on the valuation date (including any receivables).                                                                                                                                                                                                                                                                                                                                |
| Benefits Not Valued                                     | All benefits described in the summary of plan provisions were valued.                                                                                                                                                                                                                                                                                                                                                                              |
| Change in Assumptions and Methods Since Prior Valuation | <p>The funding interest rate was changed from the segment interest rates as of September 2010 to segment interest rates as of September 2011.</p> <p>The segment rates used to determine minimum funding requirements and benefit restrictions were revised by applying the corridors of MAP-21.</p> <p>The administrative expense load increased from 0.15% of the Fair Value of Assets in 2011 to 0.30% of the Fair Value of Assets in 2012.</p> |

## Data Sources

Towers Watson used asset data supplied by the trustee. BASF and the plan administrator furnished participant data as of the valuation date. The company provided the dates and amounts of the 2011 contributions that will be paid in 2012. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Summary of Plan Provisions  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

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### Plan Provisions – BASF Construction Chemicals Hourly Pension Plan

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | April 12, 1985. This report reflects the most recent amendment dated March 14, 2008.                                                                                                                                                                                                                                                                                                                                                                    |
| Covered Employees  | Hourly paid non-leased employees who are members of a collective bargaining unit that has bargained for coverage hired prior to January 1, 2009.                                                                                                                                                                                                                                                                                                        |
| Participation Date | All employees on 1/1/1994 that were Members of the Plan on 12/31/1993 continue to be Members. Streetsboro workers become members on the date of completion of 450 hours of service during a Vesting Computation Period (consecutive 12-month period of service beginning on the date first credited with an hour of service. Berea workers become members on the first of the month coincident with or following the completion of one hour of service. |

### Definitions

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service | <p>5 Years of Continuous service</p> <p>Streetsboro: earn a year of continuous service for each 12 month period, beginning with DOH and earned at least 1,000 hours, and partial year of service if hours are between 501 and 1,000 (see credited service schedule).</p> <p>Berea: earn service beginning with DOH and ending with Severance date. Continuous service will include all service earned under the Ceilcote Company.</p> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachments (Form 5500) – 2012 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees

EIN: 16-1090809 PN: 031

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Pension service

► Streetsboro

– prior to 4/1/1987

Hours Worked

Credited Service

1700 +

1 yr

1530-1700

9/10

1360-1530

8/10

1190-1360

7/10

1020-1190

6/10

850-1020

5/10

680-850

4/10

450-680

3/10

< 450

none

– after 4/1/1987

Hours Worked

Credited Service

1000 +

1 yr

900-1000

9/10

800-900

8/10

700-800

7/10

600-700

6/10

501-600

5/10

< 501

none

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Summary of Plan Provisions  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

---

► Berea

|                                                                        |                     |                         |
|------------------------------------------------------------------------|---------------------|-------------------------|
| – Can earn up to 25 years; service before April 29, 1988 not included: | <u>Hours Worked</u> | <u>Credited Service</u> |
|                                                                        | 1600 +              | 1 yr                    |
|                                                                        | 1475-1600           | 11/12                   |
|                                                                        | 1350-1475           | 10/12                   |
|                                                                        | 1225-1350           | 9/12                    |
|                                                                        | 1100-1225           | 8/12                    |
|                                                                        | 975-1100            | 7/12                    |
|                                                                        | 850-975             | 6/12                    |
|                                                                        | 725-850             | 5/12                    |
|                                                                        | 600-725             | 4/12                    |
|                                                                        | 450-600             | 3/12                    |
|                                                                        | 300-450             | 2/12                    |
|                                                                        | 150-300             | 1/12                    |
|                                                                        | < 150               | none                    |

Normal retirement date  
(NRD)

Streetsboro: first day of calendar month following attainment of age 65  
Berea: first day of calendar month coincident or following attainment of age 65

Schedule SB Attachments (Form 5500) – 2012 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees

EIN: 16-1090809 PN: 031

---

|                         |                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------|
| Monthly pension benefit | Streetsboro: \$34.00 times Credited Service (see prior years of dollar levels below) |
|                         | On or after 4/1/1984 and before 4/1/1986 \$11.00                                     |
|                         | On or after 4/1/1986 and before 4/1/1987 \$12.00                                     |
|                         | On or after 4/1/1987 and before 4/1/1989 \$15.00                                     |
|                         | On or after 4/1/1989 and before 4/1/1990 \$16.00                                     |
|                         | On or after 4/1/1990 and before 4/1/1991 \$17.00                                     |
|                         | On or after 4/1/1991 and before 4/1/1992 \$18.00                                     |
|                         | On or after 4/1/1992 and before 4/1/1993 \$18.50                                     |
|                         | On or after 4/1/1993 and before 4/1/1994 \$19.00                                     |
|                         | On or after 4/1/1994 and before 4/1/1995 \$20.00                                     |
|                         | On or after 4/1/1995 and before 4/1/1996 \$21.00                                     |
|                         | On or after 4/1/1996 and before 4/1/1997 \$22.00                                     |
|                         | On or after 4/1/1997 and before 4/1/1998 \$23.00                                     |
|                         | On or after 4/1/1998 and before 4/1/1999 \$24.50                                     |
|                         | On or after 4/1/1999 and before 4/1/2000 \$25.50                                     |
|                         | On or after 4/1/2000 and before 4/1/2001 \$26.00                                     |
|                         | On or after 4/1/2001 and before 4/1/2002 \$28.00                                     |
|                         | On or after 4/1/2002 and before 4/1/2003 \$29.00                                     |
|                         | On or after 4/1/2003 and before 4/1/2005 \$30.00                                     |
|                         | On or after 4/1/2005 and before 4/1/2006 \$31.00                                     |
|                         | On or after 4/1/2006 and before 4/1/2008 \$32.00                                     |
|                         | On or after 4/1/2008 and before 12/31/2008 \$33.00                                   |
|                         | On or after 1/1/2009 and before 12/31/2009 \$34.00                                   |
|                         | On or after 1/1/2010 and before 12/31/2010 \$35.00                                   |
|                         | On or after 1/1/2011 and before 12/31/2011 \$36.00                                   |
|                         | On or after 1/1/2012 \$37.00                                                         |

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Summary of Plan Provisions  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

Berea: \$17.00 times Credited Service (see prior years of dollar levels below)

|                                          |         |
|------------------------------------------|---------|
| On or after 4/1/1988 and before 1/1/1989 | \$9.00  |
| On or after 1/1/1989 and before 1/1/1992 | \$9.50  |
| On or after 1/1/1992 and before 1/1/1993 | \$12.00 |
| On or after 1/1/1993 and before 1/1/1994 | \$13.00 |
| On or after 1/1/1994 and before 1/1/1995 | \$14.00 |
| On or after 1/1/1995 and before 1/1/1996 | \$15.00 |
| On or after 1/1/1996 and before 1/1/1997 | \$16.00 |
| On or after 1/1/1997                     | \$17.00 |

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement death benefit   | The monthly benefit is equal to 50% of the benefit which would have been paid to the participant if the participant had terminated employment the day before death, elected to begin receiving benefits at earliest possible retirement age, survived to such date, and elected the joint & 50% survivor option. The benefits to the surviving spouse commence on the first day of the month in which the participant would have attained earliest retirement age.                                                          |
| Monthly post-retirement death benefit | If a Streetsboro worker dies after beginning to receive normal or early retirement benefits, or a disability income allowance, his designated Beneficiary is eligible to receive, effective for retirements on or after April 1, 2001, a \$5,000 (\$4,000 for retirements on or after April 1, 1998 and before April 1, 2001, \$2,000 for retirements prior to April 1, 1998) postretirement death allowance. This is a lump sum payment and is made in addition to any other benefits that may be paid to his Beneficiary. |

## Eligibility for Benefits

|                      |                                                                                                                                                                                                           |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Retirement on NRD                                                                                                                                                                                         |
| Early retirement     | Streetsboro: later of age 62 and 10 years of credited service or the later of age 60 and 25 years credited service if on or after 4/1/2001.<br><br>Berea: later of 55 and 15 years of continuous service. |
| Postponed retirement | Retirement after NRD                                                                                                                                                                                      |
| Vested termination   | Termination for reasons other than death or retirement after completing five years of vesting service                                                                                                     |

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Summary of Plan Provisions  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

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|                              |                                                                                                                                                                                                                                         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability                   | Permanent and total disability prior to NRD (own occupation definition for Streetsboro and any occupation definition for Berea). Streetsboro must have 15 years of credited service and Berea must have 15 years of continuous service. |
| Preretirement death benefit  | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. Berea also eligible if age 55 (<5 years of service); and must be married 1 year.                                    |
| Postretirement death benefit | Death after beginning to receive a retirement or disability benefit.                                                                                                                                                                    |

### Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Early retirement     | <p>Streetsboro: Monthly pension benefit reduced 3.6% for each year before age 65. Benefits will not be reduced if employee retires on or after 4/1/2001 and is at least age 60 with at least 25 years of credited service.</p> <p>Berea: Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before age 65.</p>                                                                                                        |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vested termination   | Monthly pension benefit determined as of termination date, reduced 6.0% for each year that payment precedes the participant's NRD.                                                                                                                                                                                                                                                                                                                                       |
| Disablement          | <p>Streetsboro: Monthly pension benefit, if employee became disabled on or after 4/1/2001 and before 4/1/2005 minimum monthly benefit of \$400, \$250 if on or after 4/1/1989 but before 4/1/1992, \$225 if on or after 4/1/1992 but before 4/1/2001, \$150 if before 4/1/1989, benefit is offset for any Workers Compensation or other company LTD benefits.</p> <p>Berea: 110% of the monthly pension benefit, this amount cannot be more than the benefit at NRD.</p> |
| Preretirement death  | <p>Streetsboro: Monthly preretirement death benefit is reduced by 3.6% for each year that payment precedes the date the participant would have been 65 years old. Benefit will not be reduced if employee retires on or after 4/1/2001 and is at least age 60 with at least 25 years of credited service.</p> <p>Berea: Monthly preretirement death benefit is reduced 6.0% for each year of payment before 65.</p>                                                      |
| Postretirement death | Monthly postretirement death benefit payable after the death of a retired or disable participant.                                                                                                                                                                                                                                                                                                                                                                        |

### Other Plan Provisions

#### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. A lump sum is paid if the benefit is under \$5,000. The normal form for Berea is 5 year certain and continuous, for both single and married participants.

Optional forms are also available. Refer to the Assumptions and Methods section for a list of all available forms. See Appendix I for actuarial equivalence basis used to adjust benefit amount for optional forms of payment.

#### Maximum on benefits and pay

All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

### Future Plan Changes

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

### Changes in Benefits Valued Since Prior Year

The monthly pension benefit level for Streetsboro increased from \$36 to \$37 for present value of accumulated plan benefits purposes as of January 1, 2012.

Schedule SB Attachments (Form 5500) – 2012 Plan Year  
Schedule SB, Part V – Summary of Plan Provisions  
BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees  
EIN: 16-1090809 PN: 031

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Appendix I - BASF Corporation Hourly Pension Plan for Construction Chemicals Business Employees

Sample Factors for Contingent (C.A.) forms of annuity:

| Participant Age/<br>Spouse Age | 50% C.A. | 75% C.A. | 66-2/3% C.A. |
|--------------------------------|----------|----------|--------------|
| 65/65                          | .8498    | .7904    | .8092        |
| 60/60                          | .8743    | .8225    | .8391        |
| 55/55                          | .8970    | .8530    | .8671        |