

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE PENSION PLAN OF ARCH CHEMICALS</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ARCH CHEMICALS, INC.</u> <u>C/O LONZA INC.</u> <u>90 BOROLINE RD</u> <u>ALLENTOWN, NJ 07401-1613</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-1526315</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>201-316-9200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1526315</u>	2c Sponsor's telephone number <u>201-316-9200</u>	2d Business code (see instructions) <u>325100</u>	
2b Employer Identification Number (EIN) <u>06-1526315</u>					
2c Sponsor's telephone number <u>201-316-9200</u>					
2d Business code (see instructions) <u>325100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/15/2013 Date	ALICIA CATANZARO Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/15/2013 Date	ALICIA CATANZARO Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	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)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 3256
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a 1109	
b Retired or separated participants receiving benefits.....	6b 804	
c Other retired or separated participants entitled to future benefits.....	6c 1255	
d Subtotal. Add lines 6a , 6b , and 6c	6d 3168	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0	
f Total. Add lines 6d and 6e	6f 3168	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 24	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1C 1G 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>309964755</u>
b Actuarial value	2b <u>320473718</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>719</u> <u>130486514</u>
b For terminated vested participants.....	3b <u>1092</u> <u>41564748</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>5627880</u>
(2) Vested benefits.....	3c(2) <u>116364731</u>
(3) Total active	3c(3) <u>1407</u> <u>121992611</u>
d Total	3d <u>3218</u> <u>294043873</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.04 %</u>
6 Target normal cost.....	6 <u>6649974</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/15/2013</u>
Signature of actuary		Date
<u>DAVID L. PALMERINO, FSA, MAAA</u>		<u>11-06578</u>
Type or print name of actuary		Most recent enrollment number
<u>SIBSON CONSULTING</u>		<u>212-251-5000</u>
Firm name		Telephone number (including area code)
<u>333 WEST 34TH STREET</u> <u>NEW YORK, NY 10001</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	64610075
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	21359471
9	Amount remaining (line 7 minus line 8)	0	43250604
10	Interest on line 9 using prior year's actual return of <u>-1.37</u> %		-592533
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b	Interest on (a) using prior year's effective interest rate of <u>6.31</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	42658071

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.48 %
15	Adjusted funding target attainment percentage	15	108.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If 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	(4) 4th
0		0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	6649974	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	16228226	4851391	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	11501365	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	11501365	11501365
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ROC

26-2949264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 51	NONE	258904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDES INVESTMENT PARTNERS

33-0704072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68 52	NONE	186303	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET BANK

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 62 99 50 51	NONE	151566	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

NELSON MULLINS

57-0215445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	142864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHEASTERN ASSET MANAGEMENT

62-0951781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68 52	NONE	139869	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ALLEGIANCE CAPITAL INC.

33-0336012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	103271	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

SOUTHERN SUN

62-1378280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 68 52	NONE	101041	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SIBSON CONSULTING

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	91803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RCL ADVISORS

20-5867247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	72026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET RETIREE SERVICES

04-3581074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	21787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNEAU SHEPELL

45-4303723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 50	NONE	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WISS & COMPANY, LLP

22-1732349

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONZA AMERICA INC. MASTER RTMT TRUS</u>		
b Name of sponsor of entity listed in (a): <u>LONZA AMERICA INC.</u>		
c EIN-PN <u>22-3539405-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>334062942</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATION EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CS MCKEE LARGE CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-115</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV MID-CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MARSICO FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-057</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NWQ FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST CO OF CT</u>		
c EIN-PN <u>06-6275604-080</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **SASCO FUND****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST CO OF CT**

c EIN-PN 06-6275604-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLAIR FUND****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST CO OF CT**

c EIN-PN 06-6275604-028	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING MARKETS FUND****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST CO OF CT**

c EIN-PN 06-6275604-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS LCG FUND****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST CO OF CT**

c EIN-PN 06-6275604-163	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS MCG FUND****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST CO OF CT**

c EIN-PN 06-6275604-203	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **S&P 500 FLAGSHIP FUND-NON LENDING****b** Name of sponsor of entity listed in (a): **NORTHERN TRUST GLOBAL INVESTMENT**

c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK CORE PLUS TOT REFUND FUND****b** Name of sponsor of entity listed in (a): **BLACKROCK**

c EIN-PN 20-3302210-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan THE PENSION PLAN OF ARCH CHEMICALS	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ARCH CHEMICALS, INC.	D Employer Identification Number (EIN) 06-1526315	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets			(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities.....	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts.....	1c(9)			
(10) Value of interest in pooled separate accounts.....	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)	309964755	334062942	
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)			
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	309964755	334062942

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	87008	
i Acquisition indebtedness	1i		
j Other liabilities	1j		56842
k Total liabilities (add all amounts in lines 1g through 1j)	1k	87008	56842

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	309877747	334006100
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		41232902
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		41232902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14829619	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		14829619
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	367855	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	806341	
(4) Other	2i(4)	1100734	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2274930
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17104549

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		24128353
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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:

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

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

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

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

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

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

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

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

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

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

Stock: 54% Investment-Grade Debt: 26% High-Yield Debt: 3% Real Estate: 4% Other: 13%

- 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):

THE PENSION PLAN OF ARCH CHEMICALS

**FINANCIAL REPORT
DECEMBER 31, 2012**

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Pension Plan of Arch Chemicals (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2011, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company and Northern Trust Company, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from State Street Bank and Trust Company as of and for the year ended December 31, 2012, and from Northern Trust Company as of and for the year ended December 31 2011, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labors Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wiss & Company

WISS & COMPANY, LLP

Livingston, New Jersey
October 11, 2013

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2012	2011
ASSETS:		
Investment in Lonza America Inc. Master Trust, at fair value	\$ 334,062,942	\$ -
Common collective trusts	-	309,964,755
Total assets	334,062,942	309,964,755
LIABILITIES -		
Accrued administrative expenses	56,842	87,008
Net Assets Available for Benefits	\$ 334,006,100	\$ 309,877,747

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2012	2011
ADDITIONS / (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income in Lonza America, Inc. Master Trust	\$ 41,232,902	\$ -
Net depreciation in fair value of investments	-	(3,179,623)
Interest and dividend income	-	549
Total Additions, net	<u>41,232,902</u>	<u>(3,179,074)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	14,829,619	12,351,157
Administrative expenses	<u>2,274,930</u>	<u>1,457,999</u>
Total Deductions	<u>17,104,549</u>	<u>13,809,156</u>
NET INCREASE (DECREASE)	24,128,353	(16,988,230)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>309,877,747</u>	<u>326,865,977</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 334,006,100</u>	<u>\$ 309,877,747</u>

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

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2011

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Participants currently receiving payments	\$ 117,409,501
Other participants	<u>135,171,648</u>
	252,581,149
 Nonvested benefits	 <u>5,237,593</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u>\$ 257,818,742</u>

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

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2011

Actuarial Present Value of Accumulated Plan Benefits at January 1, 2011	<u>\$ 228,795,933</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	14,928,074
Change in discount period	18,366,179
Assumption changes	6,987,097
Plan amendment	1,092,616
Benefits paid to participants	<u>(12,351,157)</u>
Net increase	<u>29,022,809</u>
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2011	<u><u>\$ 257,818,742</u></u>

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

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 1 - Description of Plan:

The following description is intended to give a general summary of the significant provisions of The Pension Plan of Arch Chemicals ("the Plan"). Interested plan participants should refer to the full Plan Document for more detailed explanations and information regarding the Plan's provisions.

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

Pension Benefits - Participants are eligible to receive their vested benefits in the Plan upon retirement, or for Cash Balance participants, upon termination of employment or one year following termination if the participant attained age 55. Employees become fully vested in the Plan: (a) after five years of employment for employees hired prior to April 1, 2008 and participate in the grandfathered plan (the "Traditional Plan"); (b) three years, for employees hired on or after April 1, 2008, who participate in the new Personal Pension Account (the "Cash Balance Plan"); or (c) attainment of age 65. The Traditional Plan permits early retirement at age 55 with 10 credited years of service. For participants with a present value of vested benefits of \$5,000 or less at the time of termination, benefits are distributed to them in the form of a lump sum cash out, or placed in a Rollover IRA (if between \$1,000 and \$5,000), if participants cannot be located. For participants in the Traditional Plan, who have more than \$5,000 of vested benefits at the time of termination, benefits are paid in the form of an annuity upon attainment of a retirement age. For participants in the Cash Balance Plan, who have more than \$5,000 of vested benefits at the time of termination, benefits are either paid in the form of an annuity or in the form of a lump sum upon attainment of age 55, or one year after termination of employment if not yet age 55. Effective November 15, 2011 the plan was frozen to all non-union new hires. Accordingly, no non-union employees that are hired on or after November 15, 2011 are eligible to participate in the Plan. Effective November 9, 2012 all benefit accruals were frozen for non-union participants. Participants became fully vested in their accrued benefits.

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

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

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

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Trust Managed by the Trustees - The assets of the Lonza America Inc Master Retirement Trust are held and managed by State Street Bank and Trust Company (the "Trustee") for the year ended December 31, 2012. Under the terms of the agreement between LAI and the Trustee, the Trustee manages Lonza America Inc. Master Retirement Trust on behalf of the Plan. The Trustee has been granted discretionary authority concerning purchases and sales of investments in the Lonza America Inc. Master Retirement Trust in accordance with the general guidelines established by the Plan Administrator. Additionally, the Plan's Retirement Committee (the "Committee") regularly reviews the investment performance with an independent investment advisor and the Committee may direct the acquisition and disposition of the assets of the Plan.

Participant Accounts - Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of each year. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the plan document for that year. Participants' hypothetical accounts also receive investment credits at the end of each year.

Funding Policy - The Company's policy is to make contributions to provide the benefits under the Plan and is subject to the provisions of ERISA. Contributions by the Company are based upon actuarial computations of the present value of future benefits to be paid to participants as of the beginning of the Plan year. The actuarial cost method used to determine employer contributions to the Plan is the projected unit credit method. In accordance with the Company's funding policy, contributions for 2012 and 2011 were within the minimum and maximum funding requirements of ERISA.

Note 2 - Summary of Significant Accounting Policies:

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 6 for a discussion of fair value measurements.

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

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

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

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

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

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

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

Note 3 - Accumulated Plan Benefits:

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary using employee data supplied by the Company at December 31, 2011. The significant assumptions used in the valuation as of December 31, 2011 were: (a) assumed discount rate of 5.10% (b) weighted average retirement age of 63, and (c) assumed mortality rates for participants based on the RP2000 Separate Annuitant and Non-Annuitant Healthy Mortality Tables.

NOTES TO FINANCIAL STATEMENTS

*(See independent auditors' report)***Note 4 - Plan Termination:**

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

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

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

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

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

Effective January 1, 2012, The Pension Plan of Arch Chemicals joined the Lonza America Inc. Master Retirement Trust. At December 31, 2012, the Plan's interest in the net assets of the Lonza America Inc. Master Retirement Trust was approximately 69%. Investment income and administrative expenses relating to the Lonza America Inc. Master Retirement Trust are allocated to the individual participating plans based upon average monthly balances invested by each plan. The Plan's specific interest in the net assets of the Lonza America Inc. Master Retirement Trust is neither senior nor subordinate to the specific interest of the other plans participating in the Lonza America Inc. Master Retirement Trust.

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2012 and 2011, and net appreciation in fair value of investments, interest, dividends, and investment expenses for the year ended December 31, 2012 and 2011, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustees. The information was certified by State Street Bank and Trust Company as of December 31, 2012 and Northern Trust Company as of December 31, 2011.

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

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

	December 31, 2012
Fixed income investments	\$ 72,166,844
Mutual funds	244,882,707
Common stock	87,564,067
Common collective trust	<u>94,573,651</u>
Total investments	499,187,269
Receivable for investments sold	109,768
Accrued income	284,088
Other receivable	<u>46,118</u>
Total assets	499,627,243
Payable for investments purchased	<u>18,266,360</u>
Net assets available to participating plans	<u>\$ 481,360,883</u>
Plan's investment in Lonza America Inc. Master Retirement Trust	<u>\$ 334,062,942</u>

Investment income of the Lonza America Inc. Master Retirement Trust for the year ended December 31, 2012, certified as complete and accurate by the Trustee is as follows:

	Year Ended December 31, 2012
Lonza America Inc. Master Retirement Trust investment income:	
Interest	\$ 1,497,642
Dividends	11,774,328
Income from pooled funds	(914,691)
Net realized gain	15,302,165
Net unrealized appreciation	<u>28,317,399</u>
Total Lonza America Inc. Master Retirement Trust investment income available to participating plans	<u>\$ 55,976,843</u>
Plan's share of investment income in Lonza America Inc. Master Retirement Trust	<u>\$ 41,232,902</u>

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Note 6 - Fair Value Measurements:

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

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

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

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

The following table sets forth by level, within the fair value hierarchy, the Master Trust' investments at fair value at December 31, 2012 and the Plan's investments at December 31, 2011:

<i>Investments at Fair Value as of December 31, 2012</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Fixed income investments:				
Interest bearing cash	\$ -	\$ 21,415,290	\$ -	\$ 21,415,290
U.S. government securities	-	50,751,554	-	50,751,554
Total fixed income investments	-	72,166,844	-	72,166,844
Mutual funds:				
International funds	83,889,911	-	-	83,889,911
Institutional funds	100,763,083	-	-	100,763,083
Emerging markets funds	60,229,713	-	-	60,229,713
Total mutual funds	244,882,707	-	-	244,882,707
Common stocks:				
American depositary receipts	26,947,038	-	-	26,947,038
Technology	6,649,967	-	-	6,649,967
Retail	6,667,729	-	-	6,667,729
Finance	9,089,135	-	-	9,089,135
Insurance	7,200,849	-	-	7,200,849
Manufacturing	2,736,269	-	-	2,736,269
Energy	7,534,595	-	-	7,534,595
Entertainment	3,615,474	-	-	3,615,474
Basic materials	2,492,334	-	-	2,492,334
Industrial goods	4,615,512	-	-	4,615,512
Consumer goods	3,297,784	-	-	3,297,784
Service	3,729,917	-	-	3,729,917
Other	2,987,464	-	-	2,987,464
Total common stocks	87,564,067	-	-	87,564,067
Common collective trust	-	94,573,651	-	94,573,651
Total investments, at fair value	\$ 332,446,774	\$ 166,740,495	\$ -	\$ 499,187,269

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

<i>Investments at Fair Value as of December 31, 2011</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Common collective trusts:				
Large Cap Equity	\$ -	\$ 122,289,494	\$ -	\$ 122,289,494
Mid Cap Equity	-	21,915,552	-	21,915,552
Small Cap Equity	-	19,910,612	-	19,910,612
International Equity	-	36,591,160	-	36,591,160
Emerging Markets	-	6,113,811	-	6,113,811
Bonds	-	101,834,126	-	101,834,126
Cash Equivalents	1,310,000	-	-	1,310,000
Total investments at fair value	<u>\$ 1,310,000</u>	<u>\$ 308,654,755</u>	<u>\$ -</u>	<u>\$ 309,964,755</u>

At December 31, 2012 the Master Trust had assets and liabilities consisting of receivable for investments sold, accrued income, other receivable, and payable for investments purchased. These assets and liabilities equal fair value due to the underlying assets being common stocks, U.S. government securities, and interest bearing cash.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2012, the only transfers related to the Plan were the assets moving into the Lonza America Inc. Master Retirement Trust. This resulted in a change in investments held by the Plan.

Note 7 - Common Collective Trusts:

In 2012, the Master Trust invested in investment contracts through its common collective trusts (CCT). In 2011 the Plan invested in investment contracts through its common collective trusts. The CCTs contract value is a relevant measure attribute since the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Note 8 - Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated September 5, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter to adopt qualifying amendments. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements under the IRC.

NOTES TO FINANCIAL STATEMENTS

(See independent auditors' report)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset), or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2009.

Note 9 - Party-in-Interest:

Certain assets of the Master Trust in 2012 and shares of common collective trusts in 2011 are invested in funds of the Trustees and are considered party-in-interest transactions. The Trustees are a party-in-interest as a provider of investment management and custodial services to the trust funds.

Note 10 – Subsequent Event:

The Plan Administrator has evaluated subsequent events through October 11, 2013, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statement of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

In 2013, the Company implemented a Lump Sum Window program that enabled all eligible deferred vested participants a one-time opportunity to elect a distribution of their entire benefit out of the Plan in an immediate lump sum or an immediate annuity, regardless of age. Eligible participants are offered this opportunity through November 15, 2013. If any eligible participant chooses not to elect immediate commencement under the window program, their benefit remains payable under the normal terms of the Plan. Eligible participants include those who terminated employment with the Company (or a Lonza affiliated entity) prior to June 30, 2013 with a vested pension except: 1) those whose accrued pension is less than \$5000, 2) those who have a QDRO or pending QDRO related to their pension at the close of the window, 3) those who are already in pay status including those who are eligible for required minimum distributions; 4) participants who are rehired prior to the payment date of the window; and 5) participants who are totally and permanently disabled on or prior to the window date.

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

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

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>		
2	Assets:		
	a Market value	2a	309964755
	b Actuarial value	2b	320473718
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	130486514
	b For terminated vested participants.....	3b	41564748
	c For active participants:		
	(1) Non-vested benefits	3c(1)	5627880
	(2) Vested benefits	3c(2)	116364731
	(3) Total active.....	3c(3)	121992611
	d Total.....	3d	294043873
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	7.04%
6	Target normal cost.....	6	6649974

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

SIGN HERE	David L. Palmerino <i>DLP</i> Signature of actuary DAVID L. PALMERINO, FSA, MAAA Type or print name of actuary SIBSON CONSULTING Firm name 333 WEST 34TH STREET NEW YORK NY 10001 Address of the firm	10/01/2013 Date 1106578 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

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

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

21 Discount rate:			
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	6649974	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment.....	16228226		4851391
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	11501365	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	11501365	11501365
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Age	Probability of Retirement	Probability of Remaining Active	Proportion Active At BOY	Weighted Retirement Age
55	0.04	0.96	1.00	2.20
56	0.04	0.96	0.96	2.15
57	0.04	0.96	0.92	2.10
58	0.04	0.96	0.88	2.05
59	0.04	0.96	0.85	2.00
60	0.04	0.96	0.82	1.96
61	0.04	0.96	0.78	1.91
62	0.25	0.75	0.75	11.65
63	0.20	0.80	0.56	7.10
64	0.20	0.80	0.45	5.77
65	0.20	0.80	0.36	4.69
66	0.20	0.80	0.29	3.81
67	1.00	0.00	0.23	15.47
Weighted Avg. Ret. Age:				62.86

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

The following actuarial assumptions have changed since the prior valuation:

- Salary Scale, termination rates, and retirement rates were updated to better reflect plan experience.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Age	Years of Service									
	Less than 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	7	13	1	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25-29	7	48	12	--	--	--	--	--	--	--
	--	\$47,337	--	--	--	--	--	--	--	--
30-34	8	57	36	5	--	--	--	--	--	--
	--	\$52,541	\$63,439	--	--	--	--	--	--	--
35-39	7	79	35	14	20	2	--	--	--	--
	--	\$55,415	\$78,911	--	\$80,576	--	--	--	--	--
40-44	8	60	35	24	36	17	1	--	--	--
	--	\$63,065	\$67,542	\$89,356	\$76,158	--	--	--	--	--
45-49	9	52	31	31	31	30	9	1	--	--
	--	\$62,354	\$70,723	\$94,403	\$81,782	\$95,684	--	--	--	--
50-54	9	58	36	20	25	35	15	39	4	--
	--	\$64,875	\$78,050	\$81,338	\$91,296	\$86,737	--	\$98,564	--	--
55-59	4	37	29	29	12	24	14	62	38	2
	--	\$73,206	\$80,420	\$93,948	--	\$97,839	--	\$114,139	\$90,801	--
60-64	3	18	12	18	5	18	8	34	27	15
	--	--	--	--	--	--	--	\$100,879	\$92,288	--
65-69	1	4	3	--	1	3	3	5	2	2
	--	--	--	--	--	--	--	--	--	--
70 & Over	--	3	--	1	--	--	--	1	--	2
	--	--	--	--	--	--	--	--	--	--
Total	63	429	230	142	130	129	50	142	71	21
	\$54,798	\$59,076	\$72,182	\$90,418	\$82,929	\$90,106	\$104,413	\$107,551	\$91,538	\$87,941

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 32 – Statement Schedule of Amortization Bases
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Type of Base	Date Established	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
Shortfall	January 1, 2010	\$32,540,370	5	\$7,228,111
Shortfall	January 1, 2011	17,934,452	6	3,435,769
Shortfall	January 1, 2012	<u>(34,246,596)</u>	7	<u>(5,812,489)</u>
	Total	\$16,228,226		\$4,851,391

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Interest:	<p>The interest rates used for the 2012 plan year are the 24-month average corporate bond yields for September 2011. This valuation reflects the plan sponsor decision for the 2012 plan year not to opt out of funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner but are then constrained to be within a corridor around a 25-year average. These discount rates are 5.54% for payments in the first 5 years, 6.85% for payments in years 6 – 20, and 7.52% for payments thereafter, which translates to an effective interest rate of 7.04%. Before reflecting funding stabilization, the discount rates are 2.06% for payments in the first 5 years, 5.25% for payments in years 6 – 20, and 6.32% for payments thereafter, which translates to an effective interest rate of 5.56%. (Prior year 24-month average corporate bond rates were 3.78% for payments in the first 5 years, 6.31% for payments in years 6 – 20, and 6.57% for payments thereafter, which translates to an effective interest rate of 6.31%.) The yield curve used to determine the PBGC variable rate premium is the same as funding, without reflecting funding stabilization.</p>
Mortality rates:	<p>RP2000 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection and no collar-adjustment. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for non-annuitants. This assumption is one of the choices allowed by the regulations.</p>

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Salary Increases:

Age	Annual Increase*
20	8.50%
25	8.50
30	7.72
35	6.12
40	4.85
45	3.85
50	3.05
55	2.50
60	2.50

*Includes inflation of 2.50%

Previously,

Age	Annual Increase*
20	7.52%
25	6.57
30	5.72
35	4.97
40	4.32
45	3.77
50	3.32
55	2.97
60	2.72

*Includes inflation of 2.50%

Termination rates:

"Select" rates of 17.5% are used for the first three years of employment. Previously,

"Select" rates of 16.5% are used for the first two years of employment.
Both pay-related and flat dollar plans use these rates.
Termination rates do not apply after early retirement eligibility.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Disability rates:		<table><tr><th>Age</th><th>Male</th><th>Female</th></tr><tr><td>20</td><td>0.10%</td><td>0.13%</td></tr><tr><td>25</td><td>0.11%</td><td>0.14%</td></tr><tr><td>30</td><td>0.12%</td><td>0.17%</td></tr><tr><td>35</td><td>0.15%</td><td>0.25%</td></tr><tr><td>40</td><td>0.22%</td><td>0.34%</td></tr><tr><td>45</td><td>0.37%</td><td>0.50%</td></tr><tr><td>50</td><td>0.68%</td><td>0.78%</td></tr><tr><td>55</td><td>1.22%</td><td>1.17%</td></tr><tr><td>60</td><td>1.82%</td><td>1.48%</td></tr></table>	Age	Male	Female	20	0.10%	0.13%	25	0.11%	0.14%	30	0.12%	0.17%	35	0.15%	0.25%	40	0.22%	0.34%	45	0.37%	0.50%	50	0.68%	0.78%	55	1.22%	1.17%	60	1.82%	1.48%
	Age	Male	Female																													
	20	0.10%	0.13%																													
	25	0.11%	0.14%																													
	30	0.12%	0.17%																													
	35	0.15%	0.25%																													
	40	0.22%	0.34%																													
	45	0.37%	0.50%																													
	50	0.68%	0.78%																													
	55	1.22%	1.17%																													
60	1.82%	1.48%																														
Retirement rates: (from active status)	Previously,	<table><tr><th>Age</th><th>Rates</th></tr><tr><td>55 – 61</td><td>4.00%</td></tr><tr><td>62</td><td>25.00</td></tr><tr><td>63 – 66</td><td>20.00</td></tr><tr><td>67</td><td>100.00</td></tr></table>	Age	Rates	55 – 61	4.00%	62	25.00	63 – 66	20.00	67	100.00																				
		Age	Rates																													
		55 – 61	4.00%																													
		62	25.00																													
		63 – 66	20.00																													
		67	100.00																													
		<table><tr><th>Age</th><th>Rates</th></tr><tr><td>55 – 61</td><td>5.00%</td></tr><tr><td>62 – 64</td><td>25.00</td></tr><tr><td>65</td><td>50.00</td></tr><tr><td>66</td><td>75.00</td></tr><tr><td>67</td><td>100.00</td></tr></table>	Age	Rates	55 – 61	5.00%	62 – 64	25.00	65	50.00	66	75.00	67	100.00																		
		Age	Rates																													
		55 – 61	5.00%																													
		62 – 64	25.00																													
65	50.00																															
66	75.00																															
67	100.00																															
Description of Weighted Average Retirement Age:	Age 63, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.																															

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Retirement from inactive status:	Age 65
Percent married:	80%
Age difference:	Husbands are three years older than wives.
Administrative expenses:	An expense assumption is required under the funding rules. Plan-related expenses of \$774,912 are expected to be paid by the plan during the year.
Asset method:	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 8.25%, not to exceed the applicable third segment rate of 6.82% in 2010 and 6.57% in 2011.
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

PLAN STATUS: CLOSED TO NON-UNION PARTICIPANTS	
EFFECTIVE DATE: NOVEMBER 15, 2011	
<u>ARCH CORPORATE GROUP</u>	
Effective date:	February 8, 1999
Eligibility for participation:	Completion of one year of service.
Normal retirement:	
Eligibility:	Age 65
Amount:	<p>Greater of (i) or (ii):</p> <p>(i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of: (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65.</p> <p>(ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.</p> <p>Employees hired after March 31, 2008 participate in the Cash Balance Plan.</p>
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Disability:	None
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<u>BRANDENBURG / DOE RUN</u>	
Effective date:	February 8, 1999
Eligibility for participation:	Immediate upon becoming an eligible collectively bargained employee.
Service accruals:	As of February 28, 2011, participants hired after January 1, 2006, ceased to accrue Benefit Service but will continue to accrue Credited Service.
Normal retirement:	
Age requirement:	Age 65
Amount:	For pre-1/1/2006 hires: the flat monthly rates multiplied by years of service is \$60.00. (Previously, the flat monthly rate was \$52.50.) For post-12/31/2005 hires, the flat monthly rate per year of service is \$20.00.
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
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EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

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

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in Error! Reference source not found. Actuarial Valuation
1. For a period of one year following a Change in Control, the plan may not be amended to adversely affect participants' rights, expectancies, or benefits.	July 8, 2011	Yes
2. Increase in the flat benefit rate for Brandenburg Tier I participants; freeze of benefit accruals for Brandenburg Tier II participants.	January 1, 2011 and February 28, 2011	Yes
3. Plan is closed to new hires for non-collectively bargained participants	November 15, 2011	Yes

SCHEDULE SB ATTACHMENTS

**The Required SB Attachment is located in the
Actuary Statement File**

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SCHEDULE H ATTACHMENTS

The required Information is included in the
Accountants Opinion attachment