

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>																				
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015</div> <div><div>A</div><div>This return/report is for:</div><div><div>☒ a single-employer plan</div><div>☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)</div><div>☐ a one-participant plan</div><div>☐ a foreign plan</div></div></div> <div><div>B</div><div>This return/report is</div><div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div></div> <div><div>C</div><div>Check box if filing under:</div><div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div>																						
<div>Part IIBasic Plan Information—enter all requested information</div> <div><div><div>1a</div><div>Name of plan</div><div>RHEIN CHEMIE CORPORATION RETIREMENT PLAN FOR UNION EMPLOYEES AT LITTLE ROCK, AR</div></div><div><div>1b</div><div>Three-digit plan number (PN) ▶</div><div>002</div></div><div><div>1c</div><div>Effective date of plan</div><div>04/30/2005</div></div></div> <div><div><div>2a</div><div>Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</div><div>LANXESS CORPORATION</div><div>111 PARK WEST DRIVE PITTSBURGH, PA 15275</div></div><div><div>2b</div><div>Employer Identification Number (EIN)</div><div>21-0730107</div></div><div><div>2c</div><div>Sponsor's telephone number</div><div>412-809-2204</div></div><div><div>2d</div><div>Business code (see instructions)</div><div>325900</div></div></div> <div><div><div>3a</div><div>Plan administrator's name and address</div><div>☒ Same as Plan Sponsor.</div></div><div><div>3b</div><div>Administrator's EIN</div></div><div><div>3c</div><div>Administrator's telephone number</div></div></div> <div><div><div>4</div><div>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.</div><div><div>a</div><div>Sponsor's name</div><div>RHEIN CHEMIE CORPORATION</div></div></div><div><div><div>4b</div><div>EIN</div><div>21-0730107</div></div><div><div>4c</div><div>PN</div><div>002</div></div></div><div><div><div>5a</div><div>Total number of participants at the beginning of the plan year</div><div>35</div></div><div><div>b</div><div>Total number of participants at the end of the plan year</div><div>34</div></div><div><div>c</div><div>Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div></div></div><div><div>d(1)</div><div>Total number of active participants at the beginning of the plan year</div><div>15</div></div><div><div>d(2)</div><div>Total number of active participants at the end of the plan year</div><div>13</div></div><div><div>e</div><div>Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</div><div>0</div></div></div></div> <tr><td colspan="3"><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>10/11/2016</td><td>LUDOVICO MARTIN</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div></td></tr> <tr><td colspan="3"><div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div><div>Form 5500-SF (2015) v. 150123</div></td></tr>			<div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div> <div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.</div> <table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>10/11/2016</td><td>LUDOVICO MARTIN</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table> <div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	LUDOVICO MARTIN	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	SIGN HERE				Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	<div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div> <div>Form 5500-SF (2015) v. 150123</div>		
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- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	3137868	3288079
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3137868	3288079
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	322934	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	23129	
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		346063
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	188133	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses	8g	7719	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		195852
i Net income (loss) (subtract line 8h from line 8c)	8i		150211
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

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

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

- b** Enter the minimum required contribution for this plan year **12b**
- c** Enter the amount contributed by the employer to the plan for this plan year **12c**
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

- 13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
- If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No
- c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)
- | 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

Part VIII Trust Information

- | | |
|---|--|
| 14a Name of trust | 14b Trust's EIN |
| | |
| 14c Name of trustee or custodian | 14d Trustee's or custodian's telephone number |
| | |

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test
- 15c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No
- 16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test
- 16b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).
- 17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.
- 17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.
- 18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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 RHEIN CHEMIE CORPORATION RETIREMENT PLAN FOR UNION EMPLOYEES AT LITTLE ROCK, AR	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LANXESS CORPORATION	D Employer Identification Number (EIN) 21-0730107

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	3137308	
b Actuarial value	2b	3116346	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	14	2114706	2114706
b For terminated vested participants	6	334512	334512
c For active participants	15	1273076	1273076
d Total	35	3722294	3722294
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.28%	
6 Target normal cost	6	7000	

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		09/15/2016
Signature of actuary		Date
SANNIDH S. AMBERKAR		14-07276
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		847-295-5000
Firm name		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.96</u> %	0	0
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(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.49</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.72 %
15	Adjusted funding target attainment percentage	15	83.72 %
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	75.56 %
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
04/15/2015	77517	0			
07/15/2015	77517	0			
10/15/2015	69470	0			
01/15/2016	69470	0			
09/15/2016	28960	0			
			Totals ►	18(b)	322934
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	308753
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is 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	7000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	605948		301753
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	308753	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	308753	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	308753	
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 SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49			1			1				
50-54			2		1					
55-59							3			
60-64			1				4	1		
65-69										
70+										

N-15

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	62
Terminated Vested Participants	62
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	None
Disability Rates	None

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 60% of males and 30% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	5.00%
2014 Plan Year	5.75%
Optional Payment Form Election Percentage	The Liabilities reflect the following optional form election percentages:
50% Joint & Survivor	30%
100% Joint & Survivor	20%
5-year Certain & Life	50%
Trust Expenses Included in Target Normal Cost	Prior year administrative expenses rounded to \$1,000 (\$7,000 for 2015)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos 1210-0110
1210-0089**2015****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

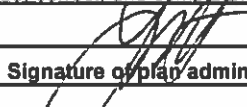
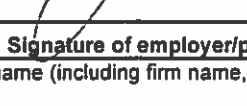
For calendar plan year 2015 or fiscal plan year beginning		01/01/2015	and ending	12/31/2015
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)		
	☐ a one-participant plan	☐ a foreign plan		
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 Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program	
	☐ special extension (enter description)			

Part II Basic Plan Information—enter all requested information

1a Name of plan RHEIN CHEMIE CORPORATION RETIREMENT PLAN FOR UNION EMPLOYEES AT LITTLE ROCK, AR	1b Three-digit plan number (PN) ▶	002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LANXESS CORPORATION 111 PARK WEST DRIVE PITTSBURGH PA 15275	1c Effective date of plan	04/30/2005
	2b Employer Identification Number (EIN)	21-0730107
	2c Sponsor's telephone number	412-809-2204
	2d Business code (see instructions)	325900
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	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 RHEIN CHEMIE CORPORATION	4b EIN	21-0730107
	4c PN	002
5a Total number of participants at the beginning of the plan year	5a	35
b Total number of participants at the end of the plan year	5b	34
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	15
d(2) Total number of active participants at the end of the plan year	5d(2)	13
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/11/2016	LUDOVICO MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3,137,868	3,288,079
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3,137,868	3,288,079
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	322,934	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	23,129	
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		346,063
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	188,133	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	7,719	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		195,852
i Net income (loss) (subtract line 8h from line 8c)	8i		150,211
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3H
- B** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			2,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below.) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40. 11a 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

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

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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

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

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? ☐ Yes ☐ No

15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?
☐ Design-based safe harbor method ☐ ADP/ACP test

15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No

16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):
☐ Ratio percentage test ☐ Average benefit test

16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

17a Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No

19 Were in-service distributions made during the plan year? ☐ Yes ☐ No

If "Yes," enter amount **19**

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

SCHEDULE SB (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>	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> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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 RHEIN CHEMIE CORPORATION RETIREMENT PLAN FOR UNION EMPLOYEES AT LITTLE ROCK, AR	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Rhein Chemie Corporation	D Employer Identification Number (EIN) 21-0730107
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>2015</u>			
2 Assets:			
a Market value	2a	3,137,308	
b Actuarial value	2b	3,116,346	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	14	2,114,706	2,114,706
b For terminated vested participants	6	334,512	334,512
c For active participants	15	1,273,076	1,273,076
d Total	35	3,722,294	3,722,294
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.28%	
6 Target normal cost	6	7,000	

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Sannidh Amberkar, S-A.</i> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Signature of actuary </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> SANNIDH S. AMBERKAR </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Type or print name of actuary </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> HEWITT ASSOCIATES LLC </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Firm name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 4 OVERLOOK POINT LINCOLNSHIRE IL 60069 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Address of the firm </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 09/15/2016 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Date </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 1407276 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Most recent enrollment number </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 847-295-5000 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone number (including area code) </div>
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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) 2015
v. 150123

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.96%</u>	0	0
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(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.49%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	83.72 %
15	Adjusted funding target attainment percentage	15	83.72 %
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	75.56 %
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
04/15/2015	77,517	0			
07/15/2015	77,517	0			
10/15/2015	69,470	0			
01/15/2016	69,470	0			
09/15/2016	28,960	0			
			Totals ►	18(b)	322,934
				18(c)	0

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	308,753

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

Quarterly breakdown of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is 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	7,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		605,948	301,753
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	308,753
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36		308,753
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		308,753
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 SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.28%	Interest Adjusted Contribution
April 15, 2015	\$ 77,517	104	\$ 76,183
July 15, 2015	77,517	195	75,035
October 15, 2015	69,470	287	66,221
January 15, 2016	69,470	379	65,213
September 15, 2016	28,960	623	26,101
Total Contribution	\$ 322,934		\$ 308,753

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	62
Terminated Vested Participants	62
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	None
Disability Rates	None

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 60% of males and 30% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	5.00%
2014 Plan Year	5.75%
Optional Payment Form Election Percentage	The Liabilities reflect the following optional form election percentages:
50% Joint & Survivor	30%
100% Joint & Survivor	20%
5-year Certain & Life	50%
Trust Expenses Included in Target Normal Cost	Prior year administrative expenses rounded to \$1,000 (\$7,000 for 2015)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Tire Curing Bladders, LLC ("TCB LLC") entered into an asset purchase agreement with Pirelli Tire, LLC effective April 30, 2005. Under such agreement TCB LLC has established this plan solely for the participants of the Pirelli Tire Retirement Pension Plan (the "Pirelli Tire Plan") as of August 15, 2004 that were subject to the Little Rock collective bargaining agreement of which such employees continue to remain employed with the Employer on or after April 30, 2005. LANXESS U.S. acquired TCB LLC in 2012 and now maintains the plan.

Participation

Employees who were part of Pirelli Tire Retirement Pension Plan as of August 15, 2004 and continued to be employed on or after April 30, 2005

Plan Freeze

On August 15, 2004, service was frozen for all active participants. Nonvested participants were fully vested in their benefit upon termination.

Normal Retirement

Eligibility

Age 65 and 5 years of service

Monthly Benefit

A+B, subject to a minimum monthly benefit of \$41.00 multiplied by the participant's credit service:

A: 0.5% of final compensation (monthly) prior to the participant's 5th anniversary date, multiplied by his full years of past service to said anniversary date

B: 0.5% of final compensation (monthly) up to \$3,000 plus 1% of final compensation over \$3,000, multiplied by his credit service between said anniversary date and his normal retirement date

Early Retirement

Eligibility

Age 55 and 10 years of service

Benefit

Accrued normal retirement benefit reduced 4/10% for each month that the commencement date precedes the month in which the participant attains age

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Unreduced Early Retirement

Eligibility

Age 62 and 10 years of service, or
Complete 30 years of service

Monthly Benefit

Unreduced normal retirement benefit

Special Early Retirement

Eligibility

Age 55 and 30 years of service

Monthly Benefit

Pre-62: \$50 multiplied by credit service plus \$10 multiplied by credit service after age 55

Post-62: Unreduced normal retirement benefit

Late Retirement

Benefit

Accrued normal retirement benefit, including accruals beyond age 65

Disability Retirement

Eligibility

10 years of service and total disability

Benefit

Unreduced accrued benefit at time of disability, payable in the sixth month following the disability

Deferred Vested Retirement

Eligibility

5 years of service.

Benefit

Accrued benefit at termination if benefits deferred to normal retirement age;

Actuarial equivalent of accrued benefit at termination if commencing before normal retirement age

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Preretirement Death Benefit

Eligibility

5 years of service and married for at least one year

Benefit

For active participants: Qualified Joint & Survivor Annuity (QJSA) deferred to participant's earliest retirement age, reduced based on actuarial equivalence if commencing immediately

For terminated vested participants: Deferred vested benefit payable as a QJSA at the earliest retirement date, reduced by 0.5% for each year of coverage

Supplemental Postretirement Death Benefit

Eligibility

Retired from active status, or retired from terminated vested status after age 60, and married for at least one year

Benefit

Lump sum of \$4,000

Transition Survivor Income Benefit

Eligibility

30 days of credit service at death

Monthly Benefit

\$500 less any qualified preretirement survivor annuity payable, subject to a maximum of \$300, payable until survivor reaches age 62 for at most two years.

Bridge Survivor Benefit

Eligibility

Age 45 at death

Monthly Benefit

\$500 less any qualified preretirement survivor annuity payable, subject to a maximum of \$300, payable two years after death and until survivor reaches age 62 or remarries.

Special Medicare Benefit

Eligibility

Age 65

Monthly Benefit

\$50, subject to maximum of the standard monthly premium for Medicare Part B coverage

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Form of Benefit Payment

Normal

Single participant: Five-year certain and life annuity
Married participant: 50% joint & survivor annuity

Optional

10 and 15 year certain and life annuity; 50% and 100% joint & survivor annuity with Pop-up; cash refund annuity

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2015 by LANXESS Corporation. The dates and amounts of contributions are based on information supplied by LANXESS Corporation. Asset information was furnished by Vanguard.

All applicable IRC Section 415 limits have been taken into account to the extent that no participants are expected to be affected by the limits.

The target liability was calculated using the segment rates with a four-month lookback (September 2014 rates). As such, "4" was entered on line 21b as the applicable lookback month.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Rock, AR
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49			1			1				
50-54			2		1					
55-59							3			
60-64			1				4	1		
65-69										
70+										

N-15

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 337,600	October 1, 2009	1.75	\$ 196,714
Shortfall	\$ 79,542	October 1, 2010	2.75	\$ 30,143
Shortfall	\$ 472,994	October 1, 2011	3.75	\$ 134,377
Shortfall	\$ (294,485)	October 1, 2012	4.75	\$ (67,523)
Shortfall	\$ 185,061	January 1, 2013	5.00	\$ 40,502
Shortfall	\$ (154,844)	January 1, 2014	6.00	\$ (29,147)
Shortfall	\$ (19,920)	January 1, 2015	7.00	\$ (3,313)
	<u>\$ 605,948</u>			<u>\$ 301,753</u>

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
Rock, AR
EIN: 21-0730107 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.28%	Interest Adjusted Contribution
April 15, 2015	\$ 77,517	104	\$ 76,183
July 15, 2015	77,517	195	75,035
October 15, 2015	69,470	287	66,221
January 15, 2016	69,470	379	65,213
September 15, 2016	28,960	623	26,101
Total Contribution	\$ 322,934		\$ 308,753

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
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Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
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Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Tire Curing Bladders, LLC ("TCB LLC") entered into an asset purchase agreement with Pirelli Tire, LLC effective April 30, 2005. Under such agreement TCB LLC has established this plan solely for the participants of the Pirelli Tire Retirement Pension Plan (the "Pirelli Tire Plan") as of August 15, 2004 that were subject to the Little Rock collective bargaining agreement of which such employees continue to remain employed with the Employer on or after April 30, 2005. LANXESS U.S. acquired TCB LLC in 2012 and now maintains the plan.

Participation

Employees who were part of Pirelli Tire Retirement Pension Plan as of August 15, 2004 and continued to be employed on or after April 30, 2005

Plan Freeze

On August 15, 2004, service was frozen for all active participants. Nonvested participants were fully vested in their benefit upon termination.

Normal Retirement

Eligibility

Age 65 and 5 years of service

Monthly Benefit

A+B, subject to a minimum monthly benefit of \$41.00 multiplied by the participant's credit service:

A: 0.5% of final compensation (monthly) prior to the participant's 5th anniversary date, multiplied by his full years of past service to said anniversary date

B: 0.5% of final compensation (monthly) up to \$3,000 plus 1% of final compensation over \$3,000, multiplied by his credit service between said anniversary date and his normal retirement date

Early Retirement

Eligibility

Age 55 and 10 years of service

Benefit

Accrued normal retirement benefit reduced 4/10% for each month that the commencement date precedes the month in which the participant attains age

Schedule SB Attachment (Form 5500)—2015 Plan Year
Rhein Chemie Corporation Retirement Plan for Union Employees at Little
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Unreduced Early Retirement

Eligibility

Age 62 and 10 years of service, or
Complete 30 years of service

Monthly Benefit

Unreduced normal retirement benefit

Special Early Retirement

Eligibility

Age 55 and 30 years of service

Monthly Benefit

Pre-62: \$50 multiplied by credit service plus \$10 multiplied by credit service after age 55

Post-62: Unreduced normal retirement benefit

Late Retirement

Benefit

Accrued normal retirement benefit, including accruals beyond age 65

Disability Retirement

Eligibility

10 years of service and total disability

Benefit

Unreduced accrued benefit at time of disability, payable in the sixth month following the disability

Deferred Vested Retirement

Eligibility

5 years of service.

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Eligibility

Retired from active status, or retired from terminated vested status after age 60, and married for at least one year

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Lump sum of \$4,000

Transition Survivor Income Benefit

Eligibility

30 days of credit service at death

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Bridge Survivor Benefit

Eligibility

Age 45 at death

Monthly Benefit

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Special Medicare Benefit

Eligibility

Age 65

Monthly Benefit

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