

<div>Form 5500</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>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<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>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☒ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan VERTELLUS SPECIALTIES, INC. TARGET BENEFIT RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 008
	1c Effective date of plan 01/01/2006
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) VERTELLUS SPECIALTIES, INC. 201 NORTH ILLINOIS STREET SUITE 1800 INDIANAPOLIS, IN 46204	2b Employer Identification Number (EIN) 35-0607240
	2c Sponsor's telephone number 317-248-6517
	2d Business code (see instructions) 325900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	SCOTT SMITH
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

VERTELLUS SPECIALTIES, INC.

201 NORTH ILLINOIS STREET
SUITE 1800
INDIANAPOLIS, IN 46204**3b** Administrator's EIN

35-0607240

3c Administrator's telephone number

317-248-6517

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**

220

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**

0

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

0

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

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 Characteristic Codes in the instructions:

2B 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(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 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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan VERTELLUS SPECIALTIES, INC. TARGET BENEFIT RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 VERTELLUS SPECIALTIES, INC.		D Employer Identification Number (EIN) 35-0607240

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

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

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

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

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

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

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

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

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

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

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

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

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)

(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 ☐

(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 ☐

(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan VERTELLUS SPECIALTIES, INC. TARGET BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 VERTELLUS SPECIALTIES, INC.	D Employer Identification Number (EIN) 35-0607240	

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	418616	
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)	1799935	
(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)		
(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)	755140	
(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	2973691	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2973691	0
---	-----------	---------	---

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	234157	
(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)		234157

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)	6587	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6587

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3890970	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3683672	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		207298

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		448042

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62198	
(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)		62198
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)	20183	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20183
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		82381

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		365661
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		3339352

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: DUNBAR, COOK & SHEPARD, P.C.

(2) EIN: 35-1518874

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
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.).....		X	
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: 0

- 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)
VERTELLUS SPECIALTIES, INC. 401(K) DEFERRED SAVINGS PLAN	35-0607240	006



**REILLY INDUSTRIES, INC.
TARGET BENEFIT RETIREMENT PLAN**

**AUDITED FINANCIAL STATEMENTS
AND SCHEDULE**

December 31, 2009 and 2008

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Plan Benefits.....	2
Statements of Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4

INDEPENDENT AUDITORS' REPORT

Vertellus Specialties Inc.
Reilly Industries, Inc. Target Benefit Retirement Plan
Indianapolis, Indiana

We were engaged to audit the financial statements and supplemental schedule of **Reilly Industries, Inc. Target Benefit Retirement Plan** as of December 31, 2009 and 2008 and for the years then ended as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29CFR 2520.103-8 of the Department of Labor 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 C, which was certified by National City Bank, trustee of the Plan, except for comparing such information to the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, 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 Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

September 20, 2010

Dunbar, Cook & Shepard, P.C.

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2009 and 2008

<u>ASSETS</u>	<u>2009</u>	<u>2008</u>
INVESTMENTS, at fair value		
Mutual funds - other	\$ -	\$ 1,799,935
Mutual funds - bonds	-	63,694
Mutual funds - equity	-	644,800
Common collective fund	-	46,646
TOTAL INVESTMENTS	-	2,555,075
RECEIVABLES		
Employer contribution receivable	-	418,616
TOTAL RECEIVABLES	-	418,616
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ -	\$ 2,973,691

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 374,094	\$ (326,969)
Net realized gain (loss) from asset disposals	(166,796)	(22,741)
Interest and dividends	<u>6,587</u>	<u>56,739</u>
	213,885	(292,971)
Contributions:		
Employer	<u>234,157</u>	<u>1,125,168</u>
TOTAL ADDITIONS	448,042	832,197
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	(62,198)	(118,583)
Administrative expenses	<u>(20,183)</u>	<u>(22,170)</u>
TOTAL DEDUCTIONS	<u>(82,381)</u>	<u>(140,753)</u>
NET INCREASE	365,661	691,444
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	2,973,691	2,282,247
Transfer of assets from the Plan	<u>(3,339,352)</u>	<u>-</u>
End of year	<u>\$ -</u>	<u>\$ 2,973,691</u>

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Reilly Industries, Inc. Target Benefit Retirement Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Information about the Plan agreement is also contained in a publication entitled "Summary Plan Description of Reilly Industries, Inc. Target Benefit Retirement Plan." Copies of this summary are available from the Plan administrator.

General. The Reilly Industries, Inc. Target Benefit Retirement Plan was established as of January 1, 2006. The Plan is a defined contribution plan which provides for contributions from the employer exclusively. The Plan covers employees who were participants of the Reilly Industries, Inc. Retirement Plan (a defined benefit plan covering salaried employees) as of December 31, 2005. Otherwise, the Plan covered other newly eligible salaried employees upon date of hire from January 1, 2006 through December 31, 2006. Enrollment was closed on December 31, 2006 and no new hires after that date are allowed to enroll.

Contributions. Under a target benefit plan, the employer's contributions are based on a projected target benefit at retirement age. The sole purpose of the target benefit is to determine the amount of employer contribution necessary for individual benefits. A participant's actual benefit will be based on the employer contribution and earnings on those contributions which may produce a benefit that is greater or lesser than the target benefit.

Participant Accounts. Each participant's account is a bookkeeping account maintained by the administrator to quantify each individual participant's interest under the Plan. Each participant account is credited with the actuarially individually calculated employer contribution and earnings from the Plan investments, and is reduced by distributions and forfeitures. Participant accounts are maintained solely for accounting purposes and assets attributable to individual accounts are not segregated from other Plan assets. Participants can choose to invest in one or more administrator selected funds available under the Plan.

Vesting. Participants become 100 percent vested upon the earlier of:

1. completing 3 years of service
2. reaching age 65
3. becoming disabled or dying while an employee

The non-vested interest is forfeited immediately upon termination of employment.

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008

NOTE A - CONTINUED

Payment of Benefits. A participant's vested account will be settled for a terminated employee in the following manner:

1. used to purchase a single life annuity if unmarried on the annuity starting date
2. used to purchase a qualified joint and survivor annuity with a 50 percent survivor annuity for the spouse, if married, on the annuity starting date.

A participant may waive the standard form of distribution benefit described above by making a qualified election. The optional forms are:

1. a lump sum payment;
2. a single life annuity (if married on the annuity starting date);
3. a qualified joint and survivor annuity with a 66-2/3 percent or 100 percent survivor annuity for a surviving spouse;
4. a level monthly annuity for your life, with a guaranteed 120 or 180 monthly payments; and
5. a qualified joint and survivor annuity, with a 50 percent survivor annuity for a surviving spouse and 180 guaranteed monthly payments

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The financial statements of the Plan are prepared under the accrual method of accounting.

Investments. Investments are stated at aggregate fair value. Investments which are traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. Investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price. The realized gain or loss from sales of investments is the difference between the proceeds received and the specific cost of investments sold.

Contributions. Contributions are recorded as additions to assets available for Plan benefits when the Plan sponsor accrues such contributions as current liabilities.

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008

NOTE B - CONTINUED

Federal Income Taxes. The Plan is intended to qualify under Section 401 of the Internal Revenue Code, and consequently not be subject to tax. A request for a determination letter is currently pending. The Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the I.R.C.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Forfeitures. Forfeitures shall be used to reduce the employer contributions. Forfeitures were \$ and \$3,957 for December 31, 2009 and 2008, respectively.

Uncertain Tax Positions. The Plan adopted the provisions of Accounting for Uncertainty in Income Taxes on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the plan financial statements.

NOTE C - INVESTMENTS

The Plan's investments for 2009 and 2008 were held in trust by Wyster Global Retirement Solutions.

Investments held during the years ended December 31, 2009 and 2008, appreciated in fair value by \$374,094, and depreciated in fair value by \$326,969, respectively.

	NET APPRECIATION (DEPRECIATION) IN FAIR VALUE DURING YEAR	FAIR VALUE AT END OF YEAR
<u>Year Ended December 31, 2009</u>		
Fair value as determined by quoted market price:		
Mutual Funds - bonds	\$ (1,140)	\$ -
Mutual Funds - equity	358,783	-
Common Collective Funds	20,241	-
Fair value as determined by trustee bank:		
Mutual funds - other	<u>(3,790)</u>	<u>-</u>
	<u>\$ 374,094</u>	<u>\$ -</u>

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008

NOTE C - CONTINUED

	NET APPRECIATION (DEPRECIATION) IN FAIR VALUE DURING YEAR	FAIR VALUE AT END OF YEAR
<u>Year Ended December 31, 2008</u>		
Fair value as determined by quoted market price:		
Mutual Funds - bonds	\$ 430	\$ 63,694
Mutual Funds – equity	(309,282)	644,800
Common Collective Funds	(21,907)	46,646
Fair value as determined by trustee bank:		
Mutual funds - other	<u>3,790</u>	<u>1,799,935</u>
	<u>\$ (326,969)</u>	<u>\$ 2,555,075</u>

The following presents investments that represent 5 percent or more of the Plan's net assets for December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Allegiant Money Market Fund	\$ -	\$ 1,791,196
Fidelity Advisor Diversified International	-	186,489

NOTE D - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of realized gain or loss on asset dispositions, and unrealized appreciation or depreciation of assets per the financial statements to Form 5500:

For the year ended December 31, 2009:

	<u>Financial Statements</u>	<u>Form 5500</u>
Net gain on sale of assets:		
Aggregate proceeds	\$ 3,890,970	\$ 3,890,970
Aggregate carrying amount	<u>4,057,766</u>	<u>3,683,672</u>
	(166,796)	207,298
Unrealized depreciation of assets	<u>374,094</u>	<u>-</u>
	<u>\$ 207,298</u>	<u>\$ 207,298</u>

**VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008**

NOTE D - CONTINUED

For the year ended December 31, 2008:

	<u>Financial Statements</u>	<u>Form 5500</u>
Net gain on sale of assets:		
Aggregate proceeds	\$ 288,513	\$ 288,513
Aggregate carrying amount	<u>311,254</u>	<u>301,466</u>
	(22,741)	(12,953)
 Unrealized depreciation of assets	 <u>(326,969)</u>	 <u>(336,757)</u>
	<u><u>\$ (349,710)</u></u>	<u><u>\$ (349,710)</u></u>

NOTE E - TRANSACTIONS WITH PARTIES-IN-INTEREST

There were no transactions with parties-in-interest other than the payment of customary and reasonable fees for services rendered.

NOTE F - TERMINATION

On December 10, 2008, the Board of Directors elected to terminate the Plan and merge it into the 401(k) Plan effective March 31, 2009. In accordance with GAAP, the Plan changed its basis of accounting used to value Plan assets from the ongoing Plan basis to the liquidation basis for periods after December 1, 2008. Final distributions will be determined based on all participants being 100 percent vested and paid in 2009.

NOTE G - PLAN AMENDMENTS

Enrollment was closed on December 31, 2006 and no person shall become a participant after that date. After January 1, 2007 a participant shall become 100 percent vested after completing three years or more of service. Effective March 31, 2009, the Plan was amended to freeze benefit accruals to the Plan on behalf of qualified participants for each and every plan quarter commencing on or after April 1, 2009.

NOTE H - NAME CHANGE

Reilly Industries, Inc. changed its name to Vertellus Specialties Inc. effective July 2006.

NOTE I - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 20, 2010, which is the date the financial statements were available to be issued.

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008

NOTE J - FAIR VALUE MEASUREMENT

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a 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 Statement No. 157 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 valuation methodologies 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's 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 at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds - Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common collective fund - Valued at indirectly observable prices for the underlying assets at the net asset value (NAV) of the shares.

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 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.

VERTELLUS SPECIALTIES INC.
REILLY INDUSTRIES, INC. TARGET BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2009 and 2008

NOTE J - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

<i>Assets at Fair Value as of December 31, 2009</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds - other	\$ -	\$ -	\$ -	\$ -
Mutual funds - bonds	-	-	-	-
Mutual funds - equity	-	-	-	-
Common/collective fund	-	-	-	-
Total assets, at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

<i>Assets at Fair Value as of December 31, 2008</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds - other	\$ 1,799,935	\$ -	\$ -	\$ 1,799,935
Mutual funds - bonds	63,694	-	-	63,694
Mutual funds - equity	644,800	-	-	644,800
Common/collective fund	-	46,646	-	46,646
Total assets, at fair value	<u>\$ 2,508,429</u>	<u>\$ 46,646</u>	<u>\$ -</u>	<u>\$ 2,555,075</u>

NOTE K - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.