

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1958</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>VERTELLUS SPECIALTIES, INC.</u> <u>201 NORTH ILLINOIS ST., SUITE 1800</u> <u>INDIANAPOLIS, IN 46204</u>	2b Employer Identification Number (EIN) <u>35-0607240</u>	2c Sponsor's telephone number <u>317-638-7531</u>	2d Business code (see instructions) <u>325900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2011</u>	<u>SCOTT SMITH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2011</u>	<u>SCOTT SMITH</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VERTELLUS SPECIALTIES, INC. 201 NORTH ILLINOIS ST., SUITE 1800 INDIANAPOLIS, IN 46204	3b Administrator's EIN 35-0607240 3c Administrator's telephone number 317-638-7531
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	972
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	283
b Retired or separated participants receiving benefits.....	6b	329
c Other retired or separated participants entitled to future benefits.....	6c	254
d Subtotal. Add lines 6a , 6b , and 6c	6d	866
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	87
f Total. Add lines 6d and 6e	6f	953
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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
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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)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VERTELLUS SPECIALTIES, INC.</u>	D Employer Identification Number (EIN) <u>35-0607240</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>39866285</u>
b	Actuarial value 2b <u>39866285</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>395</u> <u>28711731</u>
b	For terminated vested participants 3b <u>278</u> <u>8523619</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>154944</u>
(2)	Vested benefits 3c(2) <u>11939487</u>
(3)	Total active 3c(3) <u>300</u> <u>12094431</u>
d	Total 3d <u>973</u> <u>49329781</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.66</u> %
6	Target normal cost 6 <u>356546</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/08/2011</u>
Signature of actuary	Date
<u>SONDRA L. HEETER</u>	<u>11-00997</u>
Type or print name of actuary	Most recent enrollment number
<u>MCCREADY & KEENE, INC.</u>	<u>317-849-4333</u>
Firm name	Telephone number (including area code)
<u>7941 CASTLEWAY DRIVE</u> <u>INDIANAPOLIS, IN 46250-0460</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	672532	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	449367	0
9	Amount remaining (Item 7 minus item 8).....	223165	0
10	Interest on item 9 using prior year's actual return of <u>20.17</u> %	45012	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>8.19</u> %		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	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	350446	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	80.10 %
15	Adjusted funding target attainment percentage.....	15	80.10 %
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	89.31 %
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
04/15/2010	112342				
07/14/2010	112342				
10/15/2010	112342				
01/21/2011	112342				
09/06/2011	1464142				
			Totals ►	18(b)	1913510
				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 contribution 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	1744399
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	356546
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7840751	1402067
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 (item 31 + item 32a + item 32b – item 33).....	34	1758613
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	14214	0
36 Additional cash requirement (item 34 minus item 35).....	36	1744399
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1744399
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
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)
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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
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

JPMORGAN CHASE BANK NA

13-4994650

(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?
25 50	NONE	44680	Yes ☒ No ☐	Yes ☐ No ☒	332	Yes ☐ No ☒

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

OXFORD FINANCIAL ADVISORS

35-1588335

(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?
28 51	NONE	39311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY AND KEENE INC.

35-0500670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	16000	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: RICHARD LENAR	b EIN: 35-0500670
c Position: ENROLLED ACTUARY	
d Address: 7941 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	e Telephone: 317-849-4333

Explanation: RE-ASSIGNMENT OF ACTUARIAL RESPONSIBILITIES DUE TO TERMINATION

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VERTELLUS SPECIALTIES, INC.</u>	D Employer Identification Number (EIN) <u>35-0607240</u>

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	184574	1576484
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11106	4572
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	305175	299160
(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)	39368619	40884731
(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	39869474	42764947

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	39869474	42764947
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1913510	
(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)		1913510
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15	
(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)	389184	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		389199
(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)	263234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		263234
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18570605	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17937266	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		633339

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		3011815
c Other income.....	2c		2990
d Total income. Add all income amounts in column (b) and enter total.....	2d		6214087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3099146	
(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)		3099146
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)	16000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	39311	
(4) Other	2i(4)	164157	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		219468
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3318614

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2895473
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DUNBAR COOK & SHEPERD 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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VERTELLUS SPECIALTIES, INC.</u>	D Employer Identification Number (EIN) <u>35-0607240</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-4994650

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	<u>3</u>
----------	----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☒ Yes ☐ No ☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN**

**AUDITED FINANCIAL STATEMENTS
AND SCHEDULE**

December 31, 2010 and 2009

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INDEPENDENT AUDITORS' REPORT

Vertellus Specialties Inc.
Defined Benefit Retirement Plan
Indianapolis, Indiana

We were engaged to audit the financial statements and supplemental schedule of the **Vertellus Specialties Inc. Defined Benefit Retirement Plan** as of December 31, 2010 and 2009, and for the years then ended as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 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 D, which was certified by JPMorgan Chase Bank, N.A., the 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 and for the years ended December 31, 2010 and 2009, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

August 12, 2011

Dunbar, Cook & Shepard, P.C.

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2010 and 2009

<u>ASSETS</u>	<u>2010</u>	<u>2009</u>
INVESTMENTS		
Bond funds		
(cost 2010, \$13,031,826; cost 2009, \$16,333,945)	\$ 13,230,801	\$ 16,343,384
Equity stock funds		
(cost 2010, \$24,648,347; cost 2009, \$22,741,711)	27,653,930	23,025,235
Money market funds (cost equals market)	<u>299,160</u>	<u>305,175</u>
TOTAL INVESTMENTS	41,183,891	39,673,794
RECEIVABLES		
Interest and dividends receivable	4,572	11,106
Accrued employer contribution receivable	<u>1,576,484</u>	<u>184,574</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 42,764,947</u>	<u>\$ 39,869,474</u>

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net realized gain and unrealized appreciation (depreciation)		
in fair value of investments	\$ 3,645,154	\$ 5,697,531
Interest income	389,199	492,784
Dividend income	263,234	202,600
Other income	2,990	646
Employer contribution	<u>1,913,510</u>	<u>184,574</u>
TOTAL ADDITIONS	6,214,087	6,578,135
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	(3,099,146)	(2,430,588)
Trustee and investment fees	(83,991)	(57,716)
Accounting and actuarial fees	(16,000)	-
Insurance premium	<u>(119,477)</u>	<u>(16,490)</u>
TOTAL DEDUCTIONS	<u>(3,318,614)</u>	<u>(2,504,794)</u>
NET INCREASE	2,895,473	4,073,341
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	39,869,474	24,414,808
Transfers into the Plan	<u>-</u>	<u>11,381,325</u>
End of year	<u>\$ 42,764,947</u>	<u>\$ 39,869,474</u>

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009**

NOTE A - 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 current 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.

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - Accumulated Plan benefits (see Note C) are those estimated future periodic payments that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

FEDERAL INCOME TAXES - The Plan qualifies under Section 401 of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws.

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.

SUBSEQUENT EVENTS - Management has evaluated subsequent events through August 12, 2011, which is the date the financial statements were available to be issued.

TAX STATUS - The Internal Revenue Service has determined and informed the Company in a letter dated April 10, 2002, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009**

NOTE A - CONTINUED

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more than likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to regulatory examinations for the years prior to 2004.

NOTE B - DESCRIPTION OF THE PLAN

The Plan is a non-contributory defined benefit plan which covers substantially all employees and provides for retirement, disability, death and survivor benefits. Contributions of the Company are actuarially determined to include normal cost and amortization of past service cost plus interest thereon over a ten year period (see Note C). The Plan has met the ERISA minimum funding requirements.

The Company may terminate the Plan at any time by action of its Board of Directors, although it has no current intention to do so. In the event the Plan is terminated, that portion of the assets which is attributable to the participants shall be divided in the following order or priority: first, to participants in pay status or who would have been in pay status had the participant been retired as of three years prior to termination; second, all other benefits of participants under the Plan insured under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA); third, all other vested termination benefits and; fourth, all other accrued retirement benefits.

In funding the Plan, the Company will contribute an amount as determined by the actuary. This amount will at least meet the minimum funding requirements of ERISA.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the pamphlet, "Summary Plan Description for Vertellus Specialties Inc. Defined Benefit Retirement Plan." Copies of this pamphlet are available from the Plan administrator.

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009**

NOTE C - ACTUARIAL ASSUMPTIONS AND METHODS

The Plan employs an actuarial firm to perform all actuarial calculations relating to current and past service costs of the Plan. The actuarial calculations are based on the unit credit cost actuarial funding method. The more significant assumptions underlying the actuarial calculations to determine funding requirements are as follows:

Assumed rate of return on investments	Lesser of 8.00 percent or the segment rate specified by Notice 2009-22
Mortality basis	2010 Applicable Table
Employee turnover	Sarason Table T-5
Valuation of assets	Market value
Benefit commencement date	Benefits are assumed to commence at later of age 65 or age on valuation date
Benefits separately valued	Normal retirement benefit, termination benefit

Actuarially determined amounts at the respective valuation dates for the Retirement Plan are as follows:

	<u>2010</u>	<u>JANUARY 1,</u> <u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 28,621,758	\$ 19,196,771
Other participants	<u>20,735,460</u>	<u>10,832,725</u>
	49,357,218	30,029,496
Non-vested benefits	<u>133,012</u>	<u>39,973</u>
	<u>\$ 49,490,230</u>	<u>\$ 30,069,469</u>

The actuarial present value of accumulated Plan benefits for the Retirement Plan was \$50,004,679 at January 1, 2008.

Change in actuarial present value of accumulated plan benefits:

PVAB beginning of Plan year	\$ 30,069,469
Benefits accruing during Plan year	-
Interest	2,462,690
Benefits paid during Plan year	(2,430,588)
Actuarial (gain) or loss during Plan year	107,705
Increase in PVAB due to Plan merger	13,895,484
Increase in PVAB due to change in assumptions	<u>5,385,470</u>
PVAB end of Plan year	<u>\$ 49,490,230</u>

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009

NOTE D - INVESTMENTS

The Plan's investments are all held in trust at JPMorgan Chase Bank, N.A. Investments held during the years ended December 31, 2010 and 2009 appreciated (depreciated) in fair value as follows:

	NET CHANGE IN APPRECIATION (DEPRECIATION) IN FAIR VALUE DURING YEAR	FAIR VALUE AT END OF YEAR
<u>Year Ended December 31, 2010</u>		
Fair market value as determined by quoted market price:		
Mutual funds - bond	\$ 188,281	\$ 13,230,801
Mutual funds - equity	2,722,429	27,653,930
Fair value as determined by Trustee bank:		
Short-term investments	-	299,160
	<u>\$ 2,910,710</u>	<u>\$ 41,183,891</u>
<u>Year Ended December 31, 2009</u>		
Fair market value as determined by quoted market price:		
Mutual funds - bond	\$ 638,346	\$ 16,343,383
Mutual funds - equity	6,003,961	23,025,234
Fair value as determined by Trustee bank:		
Short-term investments	-	305,175
	<u>\$ 6,642,307</u>	<u>\$ 39,673,792</u>

The following presents investments that represent 5 percent or more of the Plan's net assets for December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
JPMorgan Core Bond Fund	\$ -	\$ 3,117,477
Pimco Real Return Bond Fund	2,989,431	2,775,693
Pimco Funds Short Term Fund	-	3,472,359
Pimco Funds Total Return Instl Cl.	6,165,252	5,150,062
Dodge & Cox Stock Fund	3,390,720	3,695,330
Growth Fund America, Inc.	7,952,649	7,797,066
Vanguard Index 500 Portfolio Fund	2,779,939	3,114,438
Veracity Small Cap Value	2,493,599	2,491,111

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009**

NOTE E - 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, 2010:

	<u>Financial Statements</u>	<u>Form 5500</u>
Net gain on sale of assets:		
Aggregate proceeds	\$ 18,570,605	\$ 18,570,605
Aggregate carrying amount	<u>(17,836,161)</u>	<u>(17,937,266)</u>
	734,444	633,339
 Unrealized appreciation of assets	 <u>2,910,710</u>	 <u>3,011,815</u>
	<u>\$ 3,645,154</u>	<u>\$ 3,645,154</u>

NOTE F - 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 through the trustee bank. Actuary fees were paid by the Plan in 2010.

NOTE G - FROZEN PLAN

On November 17, 2005, the Board of Directors elected to freeze the Plan effective December 31, 2006. See Note H for amendments made to the Plan for freezing of the Plan.

NOTE H - PLAN AMENDMENTS

Effective March 28, 2005, the Plan was amended to freeze participation and benefit accruals effective December 31, 2005. Therefore, an employee who was not already a participant as of December 31, 2005 will not become a participant. If a participant terminates their employment for any reason, they shall cease to be a participant upon such termination, and shall not be reinstated as a participant if reemployed on or after January 1, 2006. However, they will continue to earn vesting service if reemployed on or after January 1, 2006.

NOTE I - NAME CHANGE

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

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009

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 ASC 820 are described as follows:

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

Level 2 - Inputs to 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, 2010 and 2009.

Mutual funds - Valued at the Net Asset Value (NAV) of shares held by the Plan at year end.

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.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009

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, 2010 and 2009.

<i>Assets at Fair Value as of December 31, 2010</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market	\$ 299,160	\$ -	\$ -	\$ 299,160
Fixed income	13,230,801	-	-	13,230,801
Foreign	7,179,620	-	-	7,179,620
Large Cap	15,210,928	-	-	15,210,928
Mid Cap	2,769,783	-	-	2,769,783
Small Cap	<u>2,493,599</u>	<u>-</u>	<u>-</u>	<u>2,493,599</u>
Total assets, at fair value	<u>\$41,183,891</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$41,183,891</u>

<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>
Money market	\$ 305,175	\$ -	\$ -	\$ 305,175
Fixed income	11,193,325	-	-	11,193,325
Foreign	8,852,298	-	-	8,852,298
Large Cap	15,693,305	-	-	15,693,305
Mid Cap	1,138,580	-	-	1,138,580
Small Cap	<u>2,491,111</u>	<u>-</u>	<u>-</u>	<u>2,491,111</u>
Total assets, at fair value	<u>\$39,673,794</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$39,673,794</u>

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit 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 amounts reported in the statements of net assets available for benefits.

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

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED
December 31, 2010 and 2009**

NOTE L - PLAN MERGER

Effective December 31, 2009, Vertellus Specialties Inc. merged the assets of the plans known as Vertellus Specialties Inc. Employees' Pension Plan, Retirement Plan for Collectively Bargained Employees of the Cachem Facility of Rutherford Chemicals, LLC, and Retirement Plan for Collectively Bargained Employees of the Nepera Facility of Rutherford Chemicals, LLC, into this Plan. Sponsors of the plans that are merged into the Plan are considered adopting employers as of the Merge Date; moreover, the merging into this Plan by the various plans noted, and assets thereof, shall be considered to constitute a single plan with a single pool of assets that are available to pay any and all benefits accrued under the merged Plan. With respect to the calculation of all accrued benefits earned as of the Merge Date, the merger shall result only in Participants' entitlement to benefits calculated in accordance with the provisions of the respective plans under which they participated immediately prior to the Merge Date. The merged Plan will contain 4 separate benefit structures which mirror the benefit structures in place in the prior 4 respective plans. The succeeding plan will be known as the Vertellus Specialties Inc. Defined Benefit Retirement Plan.

SUPPLEMENTAL SCHEDULE

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR
December 31, 2010

Plan #001
EIN 35-0607240

Form 5500, Schedule H, Part IV, Item 4(i) - Schedule of Assets Held at the End of the Year

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
Short-Term Investments:			
JPMorgan Liquid Assets Money Market Fund	299,160 shares	\$ 299,160	\$ 299,160
TOTAL SHORT-TERM INVESTMENTS		299,160	299,160
Mutual Funds - Fixed Income:			
JPMorgan Core Bond Fund	98,324 shares	1,102,843	1,126,795
Pimco Real Return Bond Fund	263,154 shares	2,997,310	2,989,431 *
Pimco Funds Short-Term Fund	99,892 shares	977,149	984,938
Pimco Funds Total Return Instl Cl.	568,226 shares	6,086,037	6,165,252 *
Pimco Funds Developing Local Mkt	185,319 shares	1,868,487	1,964,385
TOTAL MUTUAL FUNDS - BONDS		13,031,826	13,230,801
Mutual Funds - Equity:			
Artisan International Fund	64,612 shares	1,870,993	1,402,085
Common Sense Long Biased Offshore LTD CL	9,133 shares	1,275,000	1,296,006
Eaton Vance Mutual Funds	198,469 shares	2,046,193	2,038,279
Fidelity Diversified International Fund	47,590 shares	1,255,282	1,434,843
Leuthold Fund Asset Allocation	95,765 shares	685,034	1,008,407
Dodge & Cox Stock Fund	31,465 shares	3,065,125	3,390,720 *
Growth Fund America, Inc.	261,257 shares	5,940,790	7,952,649 *
Maverick Stable Fund	1,275 shares	1,275,000	1,293,584
Morgan Stanley Instl US Real Estate Portfolio Fund	103,015 shares	1,678,227	1,476,199
Third Ave Fund, Inc.	21,013 shares	661,418	1,087,620
Vanguard Index 500 Portfolio Fund	29,055 shares	2,467,762	2,779,939 *
Veracity Small Cap Value	90,808 shares	2,427,523	2,493,599 *
TOTAL MUTUAL FUNDS - EQUITY		24,648,347	27,653,930
		<u>\$ 37,979,333</u>	<u>\$ 41,183,891</u>

*The fair value of these investments represents 5 percent or more of the Plan's assets at December 31, 2010.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

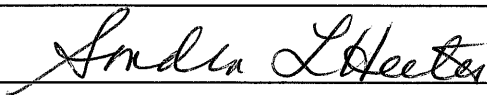
A Name of plan VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VERTELLUS SPECIALTIES, INC.	D Employer Identification Number (EIN) 35-0607240
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	39,866,285
b Actuarial value.....	2b	39,866,285
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 395	28,711,731
b For terminated vested participants.....	3b 278	8,523,619
c For active participants:		
(1) Non-vested benefits.....	3c(1)	154,944
(2) Vested benefits.....	3c(2)	11,939,487
(3) Total active.....	3c(3) 300	12,094,431
d Total.....	3d 973	49,329,781
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.66 %
6 Target normal cost.....	6	356,546

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**

Signature of actuary

10/08/2011

Date

SONDRA L. HEETER

11-00997

Type or print name of actuary

Most recent enrollment number

McCREADY & KEENE, INC.

(317) 849-4333

Firm name

Telephone number (including area code)

7941 CASTLEWAY DRIVE

INDIANAPOLIS

IN 46250-0460

Address of the firm

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

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

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	672,532	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	449,367	0
9 Amount remaining (Item 7 minus item 8).....	223,165	0
10 Interest on item 9 using prior year's actual return of <u>20.17</u> %	45,012	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>8.19</u> %		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 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	350,446	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	80.10 %
15 Adjusted funding target attainment percentage.....	15	80.10 %
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	89.31 %
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
04/15/2010	112,342				
07/14/2010	112,342				
10/15/2010	112,342				
01/21/2011	112,342				
09/06/2011	1,464,142				
Totals ▶			18(b)	1,913,510	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 contribution 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 1,744,399

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

LINE 13 INCLUDES \$82,269 OF COB MERGED FROM 3 OTHER PLANS EFF 1/1/2010

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	356,546
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7,840,751	1,402,067
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 (item 31 + item 32a + item 32b - item 33)	34	1,758,613
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	14,214	0
36 Additional cash requirement (item 34 minus item 35)	36	1,744,399
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	1,744,399
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Vertellus Specialties Inc. Defined Benefit Retirement Plan

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount	Late Discount	Remaining Discount	Discounted Value
1	19c	\$ 112,342	4/15/2010	4/15/2010	1/1/2010	0	104	1.000000	0.981796	\$ 110,297
2	19c	\$ 112,342	7/14/2010	7/15/2010	1/1/2010	0	194	1.000000	0.966311	\$ 108,557
3	19c	\$ 112,342	10/15/2010	10/15/2010	1/1/2010	0	287	1.000000	0.950566	\$ 106,788
4	19c	\$ 112,342	1/21/2011	1/15/2011	1/1/2010	6	385	0.998189	0.935243	\$ 104,877
5	19c	1,464,142	9/6/2011	9/15/2011	1/1/2010	0	613	1.000000	0.897372	\$ 1,313,880

Total	\$ 1,913,510		\$ 1,744,399
Classification	Description		Schedule SB Line
1-4	Number of Quarterly contribution		19c
5	Other contributions for minimum funding		19c
6	Contributions to avoid benefit restrictions (not included in prefunding balance)		19b
7	Contributions to meet funding deficiency (minimum funding requirements from prior years)		19a
8	Contributions necessary to meet liquidity requirements		19c

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

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

(a) Retirement Age	(b) Retirement Rate	(d) Survival Rate	(a) x (b) x (c)
65	1.00	1.0000	65.0000
AVERAGE RETIREMENT AGE			65

Schedule SB line 24 - Change in Assumptions

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

The following changes were made to the Actuarial Assumptions for the 2010 plan year:

Due to the merger with the prior Retirement Plan for Collectively Bargained Employees of the Caschem Facility of Rutherford Chemicals, these active employees have their early retirement benefits valued using the following retirement rates:

Caschem Participants with at least 20 years of vesting service were assumed to retire as follows: 5% at ages 60-61, 30% at age 62, 25% at age 63, 20% at age 64, 100% at age 65.

There are only 20 active participants employed at the Caschem facility.

IRS approval is not required for this change

Schedule SB line 25 - Change in Method

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

The following changes were made to the Actuarial Cost Method for the 2010 plan year:

The basis for selecting the interest rate has been changed from the October 2008 Yield Curve to the segment rates for September, 2009.

The actuarial value of assets has been changed from a 24-month average determined in accordance with Notice 2009-22 to the market value of assets.

IRS approval is not required for these changes. However, the Employer has agreed to this change on Schedule R item 8.

Schedule SB, line 32 - Schedule of Amortization Bases

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

SHORTFALL AMORTIZATION CHARGE

Date Established	Initial Balance	Years Remaining	Shortfall Amortization Installment	Balance 1/1/2010
1/1/2008	\$ 1,153,883	5	\$ 192,995	\$ 876,869
1/1/2009	\$ 1,836,619	6	\$ 325,906	\$ 1,716,068
1/1/2010	\$ 5,247,814	7	\$ 883,166	\$ 5,247,814
Total			\$ 1,402,067	\$ 7,840,751

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

ACTUARIAL METHODS

	PPA Funding	Suggested Maximum Contribution	FAS #35
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Projected Unit Credit	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Projected Unit Credit

Under this method, the actuarial accrued liability is calculated for each participant as the actuarial present value of the portion of the projected benefit earned to date calculated by applying the plan's benefit formula to service for all plan years before the current plan year and the average earnings projected to retirement or other termination date. The normal cost is the portion of the accrued liability allocated to the current plan year.

Actuarial Value of Assets

Market Value of Assets

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

ACTUARIAL ASSUMPTIONS

PPA Funding, FASB ASC,
and Maximum

Segmented Interest Rates	
Segment 1 (0-5 years)	5.03%
Segment 2 (5-20 years)	6.73%
Segment 3 (20+ years)	6.82%
Phase-in	No
Applicable Month	September
Current Liability Interest Rate (prior law)	6.42%
Effective Interest Rate	6.66%
Future Salary Increases	0.00%
Mortality	2010 Applicable Table (separate)
Disability	None Assumed
Termination*	Sarason T-5
Retirement Age*	Age 65
Percent Married	80%
Age Difference in Participant & Spouse	Males two years older than females
Administrative Expense	Anticipated Administrative Expenses

* For Caschen plan, termination rates were based on Sarason T-1 and participants with at least 20 years of vesting service were assumed to retire as follows: 5% at ages 60-61, 30% at age 62, 25% at age 63, 20% at age 64, 100% at age 65.

Schedule SB Part V - Statement Of Plan Provisions

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE January 1, 1958.

LATEST RESTATMENT Complete Restatement January 1, 2001

PARTICIPATION First day of calendar month coincident with or next following completion of 1 year of eligibility service.

ELIGIBILITY FOR BENEFITS:

Normal Retirement Last day of month in which participant attains 65th birthday.

Late Retirement A participant who continues employment after age 65 will be eligible for late retirement on the last day of the month in which his employment terminates.

Early Retirement For a participant whose participation date is on or after January 1, 1976, attainment of age 55 and completion of ten (10) years of vesting service; provided, however, for a participant whose participation date was prior to January 1, 1976, he shall have attained the age of 55 and also completed ten (10) years of (1) vesting service or (2) continuous service.

Disability Retirement For a participant whose participation is on or after January 1, 1976, completion of ten (10) years of vesting service; provided, however, for a participant whose participation date was prior to January 1, 1976, he shall have completed ten (10) years of (1) vesting service or (2) continuous service, whichever is the first to occur.

SUMMARY OF PLAN PROVISIONS, Continued

Death Benefit

Payable on behalf of a married participant in the event of the participant's death after satisfaction of any of the retirement requirements or after completion of five (5) years of vesting service.

Payable on behalf of an unmarried participant in the event of the participant's death while employed after completion of 20 years of vesting service or upon retirement

Termination Benefit

5 or more years of vesting service.

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The standard retirement benefit is the sum of (1), (2) and (3):

- (1) 0.85% of Monthly Plan Compensation multiplied by benefit service (maximum 35 years), plus
- (2) 0.55% of Monthly Plan Compensation in excess of covered compensation multiplied by benefit service (maximum 35 years), plus
- (3) 0.5% of Monthly Plan Compensation multiplied by benefit service in excess of 35 years.

However, Benefit Accruals were frozen as of December 31, 2005.

However, any non-highly compensated employees shall have their accrued benefits as of December 31, 1990 guaranteed under the prior formula. Also, any highly compensated employees shall have their accrued benefits as of December 31, 1988 guaranteed under the prior formula.

SUMMARY OF PLAN PROVISIONS, Continued

Normal Retirement, Continued

In addition, non-highly compensated employees whose normal retirement date is on or before December 31, 1992 will continue to accrue benefits under a prior formula and receive the greater of that benefit or the benefit accrued under the current formula.

Notwithstanding the above, the retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. Participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of an annuity.

Late Retirement Benefit

The participant shall be entitled to a monthly amount which shall be the standard retirement benefit otherwise payable upon normal retirement date but based upon benefit service and Monthly Plan Compensation as of late retirement date.

If a participant whose late retirement date is after January 1, 1988 and who is not a highly compensated employee and who was working after January 1, 1989, the late retirement benefit shall not be less than the greater of:

- (1) The standard retirement benefit determined under the provisions of the plan using the prior benefit formula but based on benefit service and Monthly Plan Compensation as of late retirement date, or
- (2) Actuarial equivalent determined as of the earlier of the late retirement date or December 31, 1990, of the accrued retirement benefit determined under the provisions of the plan using the prior benefit formula.

SUMMARY OF PLAN PROVISIONS, Continued

Late Retirement, Continued

If a participant whose late retirement date is after January 1, 1988 and who is a highly compensated employee working on or after January 1, 1989, the late retirement benefit shall not be less than the greater of:

- (1) The standard retirement benefit determined under the provisions of the plan using the prior benefit formula but based on benefit service and Monthly Plan Compensation as of December 31, 1988, or
- (2) Actuarial equivalent determined as of the earlier of the late retirement date or December 31, 1990, of the accrued retirement benefit determined as of December 31, 1988.

Early Retirement & Disability

The early retirement and disability benefit is the accrued retirement benefit determined as of early retirement date (or disability date) payable commencing at normal retirement date. However, participant may elect to have his benefit commence prior to normal retirement date in a reduced monthly amount. Benefits are reduced 1/180 for each month for the first 5 years, 1/360 for each month of the next 5 years and actuarially thereafter for each month that the commencement date precedes the normal retirement date.

Termination Benefit

After completion of at least 5 years of vesting service, a participant shall be 100% vested in his accrued benefit.

Death Benefit

If a participant dies after he has become eligible for a deferred vested benefit but before benefits have commenced, either before termination of employment or after termination of employment, his surviving spouse shall be entitled to a benefit which is actuarially equivalent to the Qualified Survivor Benefit. The Qualified Survivor Benefit is payable commencing at the participant's earliest retirement date (or date of death, if later) and is equal in amount to the benefit that would have been payable, based on the participant's accrued benefit at his date of death or termination, if he had retired with a joint and 50% survivor annuity and then died before benefits commenced.

SUMMARY OF PLAN PROVISIONS, Continued

Death Benefit, Continued

If a participant dies after completing 20 years of vesting service before his termination of employment or if he dies after his actual retirement but before benefits have commenced, his surviving spouse shall be entitled to a benefit that is actuarially equivalent to the benefit that would be payable if the participant had retired the day before his death with a joint and 100% survivor annuity. If the participant had not attained age 55 as of his date of death, the Early Retirement Benefit on which the death benefit is computed will be computed as though he was age 55.

Eligibility Service

A salaried employee shall receive credit for one (1) year of eligibility service for his initial 12 month period of employment during which he is employed at least 1,000 hours. In the event he does not have 1,000 hours in his initial 12 month period, he shall receive credit for one (1) year of eligibility service for each plan year which includes the first anniversary of his employment during which he is employed at least 1,000 hours.

Vesting Service

Participant shall receive credit for 1 year of vesting service for each calendar year of employment during which he is employed at least 1000 hours.

Benefit Service

Full and fractional years which are credited to a participant for the purpose of determining his standard retirement benefit and accrued retirement benefit under the plan. Participant shall receive credit for 1 year of participation under the plan during which he is employed at least 1000 hours.

Note: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Schedule SB Part V - Statement Of Plan Provisions

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

SUMMARY OF PLAN PROVISIONS

(for participants in the prior Reilly Industries Pension Plan)

EFFECTIVE DATE

January 1, 1958.

PARTICIPATION

First day of calendar month coincident with or next following completion of 1 year of eligibility service.

ELIGIBILITY FOR BENEFITS:

Normal Retirement

Last day of month in which participant attains 65th birthday.

Late Retirement

A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.

Early Retirement

A participant who attains age 55 and completes 10 years of vesting service.

Disability Retirement

A participant who completes 10 years of vesting service.

Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.

Termination Benefit

5 or more years of vesting service.

SUMMARY OF PLAN PROVISIONS, Continued

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The standard retirement benefit is a monthly pension for the life of the participant in a monthly amount equal to:

(1) \$22.00 times benefit service at date of termination. (For the Indianapolis Union, \$23.45 effective 9/20/2007, \$24.90 effective 9/31/2008, \$26.35 effective 9/30/2009)

For employees who retired or terminated prior to January 1, 1993, benefits shall be determined in accordance with the plan then in effect.

Notwithstanding the above, the retirement benefit for married participants shall be an actuarially reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. Participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of an annuity.

Late Retirement Benefit

The accrued retirement benefit as of normal retirement date, but based upon service and the Dollar Factor in effect at late retirement, shall be payable commencing at late retirement date.

Early Retirement & Disability

The early retirement and disability benefit is the accrued retirement benefit determined as of early retirement date (or disability date) payable commencing at normal retirement date. However, participant may elect to have his benefit commence prior to normal retirement date in a reduced monthly amount. Benefits are reduced 1/180 for each month for the first 5 years, 1/360 for each month of the next 5 years and actuarially thereafter for each month that the commencement date precedes the normal retirement date.

AMOUNT OF BENEFITS:

SUMMARY OF PLAN PROVISIONS, Continued

Death Benefit

The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.

The surviving spouse of a participant who dies while actively employed after completing 20 years of service shall be entitled to the benefit which is payable at the participant's date of death or 55th birthday, if later, if the participant had elected a joint 100% survivor annuity and died on the benefit commencement date.

Termination Benefit

After completion of at least 5 years of vesting service and prior to becoming eligible for any retirement benefit, he shall be 100% vested in his accrued benefit.

Eligibility Service

An employee shall receive credit for 1 years of eligibility service for his initial 12 month period of employment during which he is employed at least 1000 hours. In the event he does not have 1000 hours in his initial 12 month period, he shall receive credit for 1 year of eligibility service for each plan year which includes the first anniversary of his employment during which he is employed at least 1000 hours.

Vesting Service

Participant shall receive credit for 1 year of vesting service for each calendar year of employment during which he is employed at least 1000 hours.

SUMMARY OF PLAN PROVISIONS. Continued

AMOUNT OF BENEFITS:

Benefit Service

Full and fractional years which are credited to a participant for the purpose of determining his standard retirement benefit and accrued retirement benefit under the plan. Participant shall receive credit for 1 year of benefit service for each calendar year of participation under the plan during which he is employed at least 1000 hours.

Note: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Schedule SB Part V - Statement Of Plan Provisions

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

SUMMARY OF PLAN PROVISIONS

(For participants in the prior Caschem Facility of Rutherford Chemicals)

EFFECTIVE DATE

November 10, 2003.

PARTICIPATION

First day of calendar month coincident with or next following completion of 1 year of eligibility service.

ELIGIBILITY FOR BENEFITS:

All eligible employees participating in the Prior Plan on November 9, 2003 shall participate in the Plan as of the Effective Date.

Normal Retirement

Later of last day of month in which participant attains 65th birthday.

Late Retirement

A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.

Early Retirement

A participant who attains age 60 and completes 20 years of vesting service.

Disability Retirement

10 years of Vesting Service and eligible for and receives Social Security disability benefits, or recurring Long Term Disability.

Death Benefit

Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.

Termination Benefit

5 or more years of vesting service.

SUMMARY OF PLAN PROVISIONS
-Continued-

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The normal retirement benefit is equal to the product of the participant's years of Benefit Service and \$42.00. Benefit Service is credited only for service on or after November 10, 2003.

Late Retirement Benefit

The benefit is determined under the same formula as for normal retirement, based on the Benefit Service at actual retirement.

Early Retirement

Accrued benefit payable at normal retirement date and determined under the same formula as for normal retirement, multiplied by factors below if the Early Retirement Date precedes the Normal Retirement Date.

<u>Age of Retirement</u>	<u>Factor</u>
65	1.000
64	0.922
63	0.852
62	0.789
61	0.731
60	0.679

Disability Benefit

Accrued retirement benefit commencing at the participant's Disability Retirement Date.

Death Benefit

The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.

SUMMARY OF PLAN PROVISIONS

-Continued-

AMOUNT OF BENEFITS:

Termination Benefit

The accrued benefit at the time of termination is payable at age 65. If, at termination, the participant met the service but not the age requirement for early retirement, the participant may elect to receive the benefit at age 55 and such benefit shall be reduced for early commencement.

Eligibility Service

Twelve months from date of hire or subsequent Plan Year with 1,000 Hours of Service.

Vesting Service

Plan Year with 1,000 Hours of Service. Vesting Service under the Prior Plan is also counted.

Benefit Service

Plan Year with 2,000 Hours of Service after an Effective Date. For a Plan Year with between 1,000 and 2,000 Hours of Service Benefit Accrual Service will be based on a pro-rate over 2,000 Hours.

Note: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Schedule SB Part V - Statement Of Plan Provisions

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2010 to December 31, 2010

SUMMARY OF PLAN PROVISIONS

(for participants in the prior Nepera Facility of Rutherford Chemicals)

EFFECTIVE DATE

November 10, 2003.

PARTICIPATION

First day of calendar month following completion of 1 year of eligibility service and attainment of age 21.

All eligible employees participating in the Prior Plan on November 9, 2003 shall participate in the Plan as of the Effective Date.

ELIGIBILITY FOR BENEFITS:

Normal Retirement

Later of last day of month in which participant attains 65th birthday, or 5th anniversary of participation.

Late Retirement

A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.

Early Retirement

A participant who attains age 55 and completes 10 years of vesting service.

Disability Benefit

A participant who is totally and permanently disabled and satisfies the requirement for either Social Security Disability or Long Term Disability.

Death Benefit

Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.

SUMMARY OF PLAN PROVISIONS
-Continued-

Termination Benefit	5 or more years of vesting service.
Early Retirement Supplemental Benefit	Employee of a predecessor employer on August 1, 1992; less than age 58 on the Effective Date, retired between ages 58 and 62 and elects Early Retirement.
AMOUNT OF BENEFITS:	
Normal Retirement Benefit	The normal retirement benefit is equal to the product of the participant's months of Benefit Service and \$54.00. Benefit Service is credited only for service on or after November 10, 2003.
Late Retirement Benefit	The benefit is determined under the same formula as for normal retirement, based on the Benefit Service at actual retirement.
Early Retirement	Accrued benefit payable at normal retirement date and determined under the same formula as for normal retirement, reduced by .5% for each completed month by which the Early Retirement Date precedes the Normal Retirement Date.
Early Retirement Supplemental Benefit	The participant's estimated Social Security Benefit payable as a temporary annuity from Early Retirement until age 62.
Disability Benefit	Accrued retirement benefit commencing at the participant's Disability Retirement Date.

SUMMARY OF PLAN PROVISIONS

-Continued-

Death Benefit

The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.

AMOUNT OF BENEFITS:

Termination Benefit

The accrued benefit at the time of termination is payable at age 65. If, at termination, the participant met the service but not the age requirement for early retirement, the participant may elect to receive the benefit at age 55 and such benefit shall be reduced for early commencement.

Note: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Attachment to 2010 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN EIN: 0607240

Plan Sponsor's Name VERTELLUS SPECIALTIES, INC. **PN:** 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1			1 to 4			5 to 9		
	No.	Average	Cash Bal.	No.	Average	Cash Bal.	No.	Average	Cash Bal.
Under 25	0			0			0		
25 to 29	2			2			2		
30 to 34	0			5			5		
35 to 39	0			6			8		
40 to 44	1			8			12		
45 to 49	0			3			14		
50 to 54	1			5			16		
55 to 59	4			1			8		
60 to 64	5			1			9		
65 to 69	0			0			1		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	No.	Average	Cash Bal.	No.	Average	Cash Bal.	No.	Average	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	0			0			0		
35 to 39	5			4			0		
40 to 44	9			7			3		
45 to 49	7			12			12		
50 to 54	3			10			10		
55 to 59	8			6			11		
60 to 64	2			1			8		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average	Cash Bal.	No.	Average	Cash Bal.	No.	Average	Cash Bal.	No.	Average	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	4			0			0			0		
50 to 54	4			8			1			0		
55 to 59	5			11			8			0		
60 to 64	3			4			5			0		
65 to 69	0			1			1			0		
70 & up	0			0			0			0		

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR
December 31, 2010

Plan #001
EIN 35-0607240

Form 5500, Schedule H, Part IV, Item 4(i) - Schedule of Assets Held at the End of the Year

<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
Short-Term Investments:			
JPMorgan Liquid Assets Money Market Fund	299,160 shares	\$ 299,160	\$ 299,160
TOTAL SHORT-TERM INVESTMENTS		299,160	299,160
Mutual Funds - Fixed Income:			
JPMorgan Core Bond Fund	98,324 shares	1,102,843	1,126,795
Pimco Real Return Bond Fund	263,154 shares	2,997,310	2,989,431 *
Pimco Funds Short-Term Fund	99,892 shares	977,149	984,938
Pimco Funds Total Return Instl Cl.	568,226 shares	6,086,037	6,165,252 *
Pimco Funds Developing Local Mkt	185,319 shares	1,868,487	1,964,385
TOTAL MUTUAL FUNDS - BONDS		13,031,826	13,230,801
Mutual Funds - Equity:			
Artisan International Fund	64,612 shares	1,870,993	1,402,085
Common Sense Long Biased Offshore LTD CL	9,133 shares	1,275,000	1,296,006
Eaton Vance Mutual Funds	198,469 shares	2,046,193	2,038,279
Fidelity Diversified International Fund	47,590 shares	1,255,282	1,434,843
Leuthold Fund Asset Allocation	95,765 shares	685,034	1,008,407
Dodge & Cox Stock Fund	31,465 shares	3,065,125	3,390,720 *
Growth Fund America, Inc.	261,257 shares	5,940,790	7,952,649 *
Maverick Stable Fund	1,275 shares	1,275,000	1,293,584
Morgan Stanley Instl US Real Estate Portfolio Fund	103,015 shares	1,678,227	1,476,199
Third Ave Fund, Inc.	21,013 shares	661,418	1,087,620
Vanguard Index 500 Portfolio Fund	29,055 shares	2,467,762	2,779,939 *
Veracity Small Cap Value	90,808 shares	2,427,523	2,493,599 *
TOTAL MUTUAL FUNDS - EQUITY		24,648,347	27,653,930
		<u>\$ 37,979,333</u>	<u>\$ 41,183,891</u>

**The fair value of these investments represents 5 percent or more of the Plan's assets at December 31, 2010.*