

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>01/01/1958</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; include room or suite number (employer, if for a single-employer plan) <u>VERTELLUS SPECIALTIES, INC.</u> <u>201 NORTH ILLINOIS ST., SUITE 1800</u> <u>INDIANAPOLIS, IN 46204</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>35-0607240</u></td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td><u>317-248-6518</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>325900</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>35-0607240</u>	2c Sponsor's telephone number	<u>317-248-6518</u>	2d Business code (see instructions)	<u>325900</u>
2b Employer Identification Number (EIN)	<u>35-0607240</u>						
2c Sponsor's telephone number	<u>317-248-6518</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>10/11/2013</u>	<u>SHELLY ALBERT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 953
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 259	
b Retired or separated participants receiving benefits.....	6b 351	
c Other retired or separated participants entitled to future benefits.....	6c 240	
d Subtotal. Add lines 6a , 6b , and 6c	6d 850	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 88	
f Total. Add lines 6d and 6e	6f 938	
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 1	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

A Name of plan <u>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>2012</u>
2	Assets:
a	Market value 2a <u>41545821</u>
b	Actuarial value 2b <u>41545821</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>432</u> <u>32005426</u>
b	For terminated vested participants..... 3b <u>261</u> <u>7700438</u>
c	For active participants:
(1)	Non-vested benefits..... 3c(1) <u>69702</u>
(2)	Vested benefits..... 3c(2) <u>11234091</u>
(3)	Total active 3c(3) <u>264</u> <u>11303793</u>
d	Total 3d <u>957</u> <u>51009657</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.00 %</u>
6	Target normal cost..... 6 <u>506906</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>09/18/2013</u> Date
<u>SONDRA L. HEETER</u> Signature of actuary	<u>11-00997</u> Most recent enrollment number
<u>MCCREADY & KEENE, INC.</u> Type or print name of actuary	<u>317-849-4333</u> Telephone number (including area code)
<u>7941 CASTLEWAY DRIVE</u> <u>INDIANAPOLIS, IN 46250-0460</u> Firm name	
<u>Address of the firm</u>	

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	197180	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	197180	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-0.29%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		981
b Interest on (a) using prior year's effective interest rate of <u>6.27%</u> except as otherwise provided (see instructions)		-3
c Total available at beginning of current plan year to add to prefunding balance		978
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	81.44 %
15 Adjusted funding target attainment percentage	15	81.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.36 %
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
01/30/2012	411422		07/23/2012	165000	
01/31/2012	2142		09/13/2013	300000	
04/16/2012	556287				
07/09/2012	556287				
11/01/2012	454221				
01/08/2013	522265				
Totals ►			18(b)	2967624	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	158894
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2678170
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	506906	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	9463836	1814273	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2321179	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2321179	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2678170	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	356991	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	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
		2012
		This Form is Open to Public Inspection.

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

A Name of plan 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

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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	47510	Yes ☒ No ☐	Yes ☐ No ☒	555	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	63827	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	103471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
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(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: DUNBAR, COOK & SHEPARD, P. C.	b EIN: 35-1518874
c Position: ACCOUNTANT	
d Address: 8250 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	e Telephone: 317-469-0169

Explanation: MERGER

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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	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)	814653	822265
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	7175	14907
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	351279	457459
(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)		2301749
(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)	40388795	42168452
(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	41561902	45764832

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	41561902	45764832
---	-----------	----------	----------

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)	2967624	
(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)		2967624
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18
(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)	1048489	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1048489
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9384088	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9384088	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-44367	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-44367

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		4108200
c Other income.....	2c		5358
d Total income. Add all income amounts in column (b) and enter total.....	2d		8085322

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3468197	
(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)		3468197
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)	103471	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	63827	
(4) Other	2i(4)	246897	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		414195
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3882392

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4202930
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: VON LEHMAN & COMPANY, INC.

(2) EIN: 31-0905417

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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

A Name of plan <u>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): <u>13-4994650</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>6</u>

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

December 31, 2012

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTAL SCHEDULE*

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
TABLE OF CONTENTS**

	PAGE
Independent Auditors' Report	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits	2
Notes to Financial Statements	3 - 10
Supplemental Schedule	
Schedule of Assets (Held at End of Year)	11

INDEPENDENT AUDITORS' REPORT

Vertellus Specialties Inc.
Defined Benefit Retirement Plan
Indianapolis, Indiana

We were engaged to audit the accompanying financial statements of Vertellus Specialties Inc. Defined Benefit Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets (Held at End of Year) for the year ended December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.

VonLehman & Company Inc.

Indianapolis, Indiana
October 9, 2013

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<u>December 31,</u>	
	<u>2012</u>	<u>2011</u>
<u>Assets</u>		
Investments, at Fair Value		
Bond Funds		
(Cost 2012, \$13,652,860; Cost 2011, \$14,648,043)	\$ 14,124,734	\$ 14,663,217
Equity Stock Funds		
(Cost 2012, \$24,987,366; Cost 2011, \$24,801,892)	28,043,718	24,407,232
Other Investments (Cost 2012, \$2,275,000; Cost 2011, \$1,275,000)	2,301,749	1,318,347
Money Market Funds (Cost Equals Market)	<u>457,459</u>	<u>351,279</u>
Total Investments	<u>44,927,660</u>	<u>40,740,075</u>
Receivables		
Interest and Dividends Receivable	14,907	7,175
Accrued Employer Contribution Receivable	<u>822,265</u>	<u>814,653</u>
Total Receivables	<u>837,172</u>	<u>821,828</u>
 Net Assets Available for Benefits	 <u>\$ 45,764,832</u>	 <u>\$ 41,561,903</u>

See accompanying notes.

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2012	2011
Additions:		
Investment Income:		
Net Realized Gain and Unrealized Appreciation (Depreciation)		
in Fair Value of Investments	\$ 4,063,832	\$ (896,165)
Interest Income	593,043	483,608
Dividend Income	455,464	333,513
Other Income	5,358	1,370
Employer Contribution	<u>2,967,624</u>	<u>2,471,982</u>
 Total Additions	 <u>8,085,321</u>	 <u>2,394,308</u>
 Deductions:		
Benefits Paid to Participants	(3,468,197)	(3,339,890)
Trustee and Investment Fees	(111,337)	(88,167)
Accounting and Actuarial Fees	(103,471)	(42,637)
Insurance Premium	<u>(199,387)</u>	<u>(126,658)</u>
 Total Deductions	 <u>(3,882,392)</u>	 <u>(3,597,352)</u>
 Net Increase (Decrease)	 4,202,929	 (1,203,044)
 Net Assets Available For Benefits		
Beginning of Year	<u>41,561,903</u>	<u>42,764,947</u>
 End of Year	 <u>\$ 45,764,832</u>	 <u>\$ 41,561,903</u>

See accompanying notes.

**VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual method of accounting.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See the Fair Value Measurement note for discussion. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) 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 benefits when the Plan sponsor accrues such contributions as current liabilities.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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 in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

Subsequent Events

Management has evaluated subsequent events through October 9, 2013, which is the date the financial statements were available to be issued.

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

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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 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, 2012, 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 2006.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 2 - 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 3). 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.

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2012 and 2011, the Company made contributions of \$2,967,624 and \$2,471,982, respectively. The Company's contributions for 2012 and 2011 exceeded 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**

NOTE 3 - 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	Three segment/yield curve rates ranging from 5.54% to 7.52% as required by PPA. Effective rate of 7.00%
Mortality basis	2012 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>2012</u>	<u>JANUARY 1, 2011</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 36,411,998	\$ 31,761,752
Other Participants	<u>23,581,276</u>	<u>21,704,835</u>
	59,993,274	53,466,587
Non-Vested Benefits	<u>90,722</u>	<u>62,187</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 60,083,996</u>	<u>\$ 53,528,774</u>

The actuarial present value of accumulated plan benefits for the Retirement Plan was \$49,329,781 at January 1, 2010.

Change in actuarial present value of accumulated plan benefits:

PVAB Beginning of Plan Year	\$ 53,528,774
Benefits Accruing During Plan Year	259,438
Interest	3,372,521
Benefits Paid During Plan Year	(3,339,890)
Actuarial Loss During Plan Year	314,139
Increase in PVAB Due to Plan Amendment	892,284
Increase in PVAB Due to Change in Assumptions	<u>5,056,730</u>
PVAB End of Plan Year	<u>\$ 60,083,996</u>

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

NOTE 4 - INVESTMENTS

The following is a summary of the investment information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by JPMorgan Chase Bank, N.A., the trustee and custodian, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodian that the information is complete and accurate as of December 31, 2012 and 2011. Investments held during the years ended December 31, 2012 and 2011 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, 2012</u>		
Fair Market Value as Determined by Quoted Market Price:		
Mutual Funds - Bond	\$ 456,700	\$ 14,124,734
Mutual Funds - Equity	3,451,013	28,043,718
Other Investments	(16,598)	2,301,749
Fair Value as Determined by Trustee Bank:		
Short-Term Investments	-	457,459
	<u>\$ 3,891,115</u>	<u>\$ 44,927,660</u>
<u>Year Ended December 31, 2011</u>		
Fair Market Value as Determined by Quoted Market Price:		
Mutual Funds - Bond	\$ (183,802)	\$ 14,663,217
Mutual Funds - Equity	(3,400,243)	24,407,232
Other Investments	43,347	1,318,347
Fair Value as Determined by Trustee Bank:		
Short-Term Investments	-	351,279
	<u>\$ (3,540,698)</u>	<u>\$ 40,740,075</u>

The following presents investments that represent 5% or more of the Plan's net assets for December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Pimco Funds Total Return Instl Cl.	\$ 9,097,974	\$ 8,245,007
Dodge & Cox Stock Fund	3,962,092	3,249,971
Vanguard Index 500 Portfolio Fund	5,294,352	4,568,776
Munder Veracity Small Cap Value	2,763,717	2,427,309
MainStay Large Cap Growth Fund	4,464,481	3,946,966

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

NOTE 5 - 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, 2012:

	<u>Financial Statements</u>	<u>Form 5500</u>
Dividends	\$ 455,464	\$ 1,048,489
Interest	593,043	18
Realized Gains	172,717	4,108,200
Rounding	<u>1</u>	<u>-</u>
	1,221,225	5,156,707
Unrealized Appreciation (Depreciation) of Assets	<u>3,891,115</u>	<u>(44,367)</u>
	<u>\$ 5,112,340</u>	<u>\$ 5,112,340</u>

NOTE 6 - 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 2012.

NOTE 7 - FROZEN PLAN

On November 17, 2005, the Board of Directors elected to freeze the Plan effective December 31, 2006. See Note 8 for amendments made to the Plan for freezing of the Plan.

NOTE 8 - 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 9 - 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.

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

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, 2012 and 2011.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Other Investments - Valued at the net assets per share of the entities, without further adjustment. The entities' underlying investments consist of marketable securities.

The Common Sense Long Biased Offshore LTD CL investment can be redeemed at a rate of 25% quarterly with a 70 day notice period. The Saville Row Managed Futures T, LLC, investment can be redeemed monthly with a 30 day notice period.

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**

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011.

Assets at Fair Value as of December 31, 2012				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 457,459	\$ -	\$ -	\$ 457,459
Fixed Income	14,124,734	-	-	14,124,734
Foreign	8,649,595	-	-	8,649,595
Large Cap	14,820,671	-	-	14,820,671
Mid Cap	1,809,735	-	-	1,809,735
Small Cap	2,763,717	-	-	2,763,717
Other Investments	-	-	2,301,749	2,301,749
Total Assets, at Fair Value	<u>\$42,625,911</u>	<u>\$ -</u>	<u>\$ 2,301,749</u>	<u>\$44,927,660</u>

Assets at Fair Value as of December 31, 2011				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 351,279	\$ -	\$ -	\$ 351,279
Fixed Income	13,344,870	-	-	13,344,870
Foreign	9,112,314	-	-	9,112,314
Large Cap	12,628,421	-	-	12,628,421
Mid Cap	1,557,535	-	-	1,557,535
Small Cap	2,427,309	-	-	2,427,309
Other Investments	-	-	1,318,347	1,318,347
Total Assets, at Fair Value	<u>\$39,421,728</u>	<u>\$ -</u>	<u>\$ 1,318,347</u>	<u>\$40,740,075</u>

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2012 and December 31, 2011.

	<u>Common Sense Long Biased Offshore LTD CL</u>	<u>Saville Row Managed Futures T, LLC</u>	<u>Total</u>
Balance, January 1, 2011	\$ 1,296,006	\$ -	\$ 1,296,006
Unrealized Gains	<u>22,341</u>	<u>-</u>	<u>22,341</u>
Balance, December 31, 2011	1,318,347	-	1,318,347
Unrealized Gains (Losses)	27,768	(44,365)	(16,597)
Purchases	<u>-</u>	<u>1,000,000</u>	<u>1,000,000</u>
Balance, December 31, 2012	<u>\$ 1,346,115</u>	<u>\$ 955,635</u>	<u>\$ 2,301,750</u>
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date			
	<u>\$ 27,768</u>	<u>\$ (44,365)</u>	<u>\$ (16,597)</u>

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

NOTE 10 - 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.

NOTE 10 - RISKS AND UNCERTAINTIES

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.

NOTE 11 - 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.

NOTE 12 - RECLASSIFICATION

Certain accounts relating to the prior year have been reclassified to conform to the current year presentation with no effect on previously reported net income.

SUPPLEMENTAL SCHEDULE

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

Plan #001
EIN 35-0607240

Form 5500, Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2012

(a)	(b)	(c)	(d)	(e)
	<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	457,459 shares	\$ 457,459	\$ 457,459
	Total Short-Term Investments		457,459	457,459
	Mutual Funds - Fixed Income:			
	iShares iBoxx \$ High Yield Corporate Bond Fund	21,060 shares	1,873,673	1,965,951
**	JPMorgan Core Bond Fund	110,316 shares	1,322,395	1,331,519
	Pimco Funds Short-Term Fund	60,491 shares	591,771	597,655
	Pimco Funds Total Return Instl Cl.	809,428 shares	8,782,095	9,097,974 *
	Pimco Funds Developing Local Mkt	107,264 shares	1,082,926	1,131,635
	Total Mutual Funds - Bonds		13,652,860	14,124,734
	Mutual Funds - Equity:			
	Aberdeen Asia Bond Fund	95,732 shares	1,093,405	1,065,497
	Advisors Inner Circle Fund	51,445 shares	946,045	988,262
	Artisan International Fund	41,489 shares	1,193,451	1,020,217
	Dodge & Cox Stock Fund	32,503 shares	3,179,291	3,962,092 *
	Eaton Vance Mutual Funds	112,514 shares	1,157,100	1,106,012
	Fidelity Diversified International Fund	33,624 shares	888,526	1,006,690
	Leuthold Fund Asset Allocation	101,331 shares	742,559	1,051,812
	MainStay Large Cap Growth Fund	559,459 shares	4,351,763	4,464,481 *
	Matthews International Fund	56,354 shares	954,414	1,048,744
	Maverick Stable Fund	1,246 shares	1,275,000	1,362,361
	Morgan Stanley Instl US Real Estate Portfolio Fund	106,895 shares	1,741,300	1,809,735
	Munder Veracity Small Cap Value	123,933 shares	2,426,971	2,763,717 *
	Nortel Networks Corp	50 shares	415	-
	Third Ave Fund, Inc.	22,066 shares	708,621	1,099,746
	Vanguard Index 500 Portfolio Fund	48,787 shares	4,328,505	5,294,352 *
	Total Mutual Funds - Equity		24,987,366	28,043,718
	Other Investments:			
	Common Sense Long Biased Offshore LTD CL	9,133 shares	1,275,000	1,346,115
	Saville Row Managed Futures T LLC	953 shares	1,000,000	955,634
	Total Other Investments		2,275,000	2,301,749
	Total Assets Held for Investments		\$ 41,372,685	\$ 44,927,660

* The Fair Value of these Investments Represents 5% or More of the Plan's Assets at December 31, 2012.

** Represents a Party in Interest to the Plan, but not a Prohibited Transaction.

**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

2012**This Form is Open to Public
Inspection**

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

► **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.

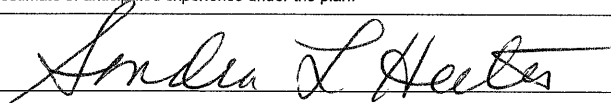
A Name of plan VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VERTELLUS SPECIALTIES, INC.	D Employer Identification Number (EIN) 35-0607240
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	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>2012</u>	
2 Assets:	
a Market value	2a 41,545,821
b Actuarial value	2b 41,545,821
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a 432 32,005,426
b For terminated vested participants.....	3b 261 7,700,438
c For active participants:	
(1) Non-vested benefits	3c(1) 69,702
(2) Vested benefits	3c(2) 11,234,091
(3) Total active.....	3c(3) 264 11,303,793
d Total.....	3d 957 51,009,657
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 7.00 %
6 Target normal cost	6 506,906

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

09/18/2013

Date

SONDRA L. HEETER

Type or print name of actuary

11-00997

Most recent enrollment number

McCREADY & KEENE, INC.

Firm name

(317) 849-4333

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	197,180	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	197,180	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>(0.29)</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		981
b Interest on (a) using prior year's effective interest rate of <u>6.27</u> % except as otherwise provided (see instructions)		(3)
c Total available at beginning of current plan year to add to prefunding balance		978
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	81.44 %
15 Adjusted funding target attainment percentage	15	81.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.36 %
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
01/30/2012	411,422		07/23/2012	165,000	
01/31/2012	2,142		09/13/2013	300,000	
04/16/2012	556,287				
07/09/2012	556,287				
11/01/2012	454,221				
01/08/2013	522,265				
Totals ►			18(b)	2,967,624	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	158,894
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,678,170

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	506,906	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	9,463,836	1,814,273	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2,321,179	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2,321,179	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,678,170	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	356,991	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS
(January 1, 2012 - December 31, 2012)

PLAN NAME: Vertellus Specialties, Inc. Defined Benefit Retirement Plan
EIN: 35-0607240 Plan Number: 001

Plan Year Beginning: 1/1/2012 Valuation Date: 1/1/2013
 Effective Interest Rate: 7.00%
 Interest Rate for Late Quarterlies: 12.00%

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Days Late	Days to Discount to 1/1/2012		Remaining Discount	Discounted Value
						Late	1/1/2012		
1	19c	\$ 411,422	1/30/2012	4/15/2012	0	0	29	1.000000	0.994653 \$ 409,222
1	19c	2,142	1/31/2012	4/15/2012	0	0	30	1.000000	0.994470 2,130
1	19c	108,701	4/16/2012	4/15/2012	1	1	106	0.999690	0.980777 106,578
2	19c	447,586	4/16/2012	7/15/2012	0	0	106	1.000000	0.980596 438,901
2	19c	74,679	7/9/2012	7/15/2012	0	0	190	1.000000	0.965486 72,102
3	19c	481,608	7/9/2012	10/15/2012	0	0	190	1.000000	0.965486 464,986
3	19c	40,657	11/1/2012	10/15/2013	0	0	305	1.000000	0.945178 38,428
4	19c	413,564	11/1/2012	1/15/2013	0	0	305	1.000000	0.945178 390,892
4	19c	522,265	1/8/2013	1/15/2013	0	0	373	1.000000	0.933371 487,467
5	19c	300,000	9/13/2013	9/15/2013	0	0	621	1.000000	0.891546 267,464
6	19b	165,000	7/23/2012	9/15/2013	0	0	204	1.000000	0.962991 \$ 158,894

Total \$ 2,967,624

\$ 2,678,170

Classification	Description	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	19b
7	Contributions to Meet Funding Deficiency (prior years' minimum funding requirements)	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, 2012 to December 31, 2012

(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 Item 26 - Schedule of Active Participant Data

Plan Name: Vertellus Specialties, Inc. Employees' Retirement Plan
 EIN: 35-0607240 Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF JANUARY 1, 2012

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

Average compensation is not shown since benefits are not based on compensation.

Schedule SB, line 32 - Schedule of Amortization Bases

Vertellus Specialties Inc. Defined Benefit Retirement Plan

EIN: 35-0607240

PN: 001

Plan Year: January 1, 2012 to December 31, 2012

SHORTFALL AMORTIZATION CHARGE

Date Established	Initial Balance	Years Remaining	Shortfall Amortization Installment	Balance 1/1/2012
1/1/2008	\$ 1,153,883	3	\$ 192,995	\$ 549,125
1/1/2009	\$ 1,836,619	4	\$ 325,906	\$ 1,204,524
1/1/2010	\$ 5,247,814	5	\$ 883,166	\$ 3,975,943
1/1/2011	\$ 3,703,821	14	\$ 358,624	\$ 3,418,541
1/1/2012	\$ 315,703	7	\$ 53,582	\$ 315,703
Total			\$ 1,814,273	\$ 9,463,836

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, 2012 to December 31, 2012

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, 2012 to December 31, 2012

ACTUARIAL ASSUMPTIONS

	PPA Funding
Segmented Interest Rates	
Segment 1 (0-5 years)	5.54%
Segment 2 (5-20 years)	6.85%
Segment 3 (20+ years)	7.52%
Applicable Month	September
Effective Interest Rate	7.00%
Future Salary Increases	None Assumed
Mortality	2012 Applicable Table (separate)
Mortality Improvement	None Assumed
Disability	None Assumed
Termination	Sarasohn 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

* Caschem plan participants with at least 20 years of vesting service are 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, 2012 to December 31, 2012

SUMMARY OF PLAN PROVISIONS

(for participants in the prior Reilly Industries Retirement Plan)

EFFECTIVE DATE

January 1, 1958.

LATEST RESTATMENT

Complete Restatement January 1, 2010

PARTICIPATION

First day of calendar month coincident with or next following completion of 1 year of eligibility service. Participation frozen as of 12/31/2005.

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.

SUMMARY OF PLAN PROVISIONS, Continued

(for participants in the prior Reilly Industries Retirement Plan)

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.

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

(for participants in the prior Reilly Industries Retirement Plan)

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

(for participants in the prior Reilly Industries Retirement Plan)

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

(for participants in the prior Reilly Industries Retirement Plan)

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, 2012 to December 31, 2012

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

(for participants in the prior Reilly Industries Pension Plan)

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; \$26.35 for the Indianapolis Union. (For the Indianapolis Union, multiplier increases of \$27.85 effective 9/15/2010, \$29.35 effective 9/15/2011, \$30.85 effective 9/15/2012 were negotiated in 2010.)

(2) For the period 9/16/2010 through 9/1/2013, for members of the Indianapolis Union whose age plus vesting service total at least 85, a special benefit shall be payable equal to \$50 times benefit service with no reduction for commencement prior to normal retirement date.

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.

SUMMARY OF PLAN PROVISIONS, Continued
(for participants in the prior Reilly Industries Pension Plan)

AMOUNT OF BENEFITS:

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
(for participants in the prior Reilly Industries Pension Plan)

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, 2012 to December 31, 2012

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-

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

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. (Multiplier increases to \$49.25 effective 9/18/2010, \$50.25 effective 9/18/2011 and \$51.25 effective 9/18/2012 were negotiated in 2010.)

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.

SUMMARY OF PLAN PROVISIONS

-Continued-

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

AMOUNT OF BENEFITS:

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.

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, 2012 to December 31, 2012

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.

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.

SUMMARY OF PLAN PROVISIONS, Continued
(for participants in the prior Nepera Facility of Rutherford Chemicals)

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,

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.

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

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

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.

5500 Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

This attachment is included in the Accountant's Opinion that is attached above.