# 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
VERTELLUS SPECIALTIES, INC. DEFINED BENEFIT RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1958

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

VERTELLUS SPECIALTIES, INC.

201 NORTH ILLINOIS ST., SUITE 1800
INDIANAPOLIS, IN 46204

**2b** Employer Identification Number (EIN)
35-0607240

**2c** Sponsor's telephone number
317-248-6518

**2d** Business code (see instructions)
325900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/08/2014 | SHELLY ALBERT |
| | **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 [X] 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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 938 |
| **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** | 242 |
| **b** | Retired or separated participants receiving benefits | **6b** | 370 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 228 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 840 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 87 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 927 |
| **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

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| **1** | Enter the valuation date: Month _____ Day _____ Year _____ | | | |
| **2** | Assets: | | | |
| | **a** Market value | **2a** | | 45743001 |
| | **b** Actuarial value | **2b** | | 45743001 |
| **3** | Funding target/participant count breakdown: | | **(1)** Number of participants | **(2)** Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 445 | 35504180 |
| | **b** For terminated vested participants | **3b** | 242 | 10495302 |
| | **c** For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 51060 |
| | **(2)** Vested benefits | **3c(2)** | | 10942798 |
| | **(3)** Total active | **3c(3)** | 255 | 10993858 |
| | **d** Total | **3d** | 942 | 56993340 |
| **4** | If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ] | | | |
| | **a** Funding target disregarding prescribed at-risk assumptions | **4a** | | |
| | **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | | |
| **5** | Effective interest rate | **5** | | 6.29 % |
| **6** | Target normal cost | **6** | | 564993 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

10/07/2014
Date

SONDRA L. HEETER
Type or print name of actuary

14-00997
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 [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 12.42 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 356991 |
| | b Interest on (a) using prior year's effective interest rate of 7.00 % except as otherwise provided (see instructions) | | 24989 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 381980 |
| | 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 | 80.26 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.26 % |
| 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 | 81.44 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/10/2013 | 580295 | | 09/08/2014 | 302539 | |
| 07/12/2013 | 580295 | | | | |
| 10/15/2013 | 580295 | | | | |
| 12/23/2013 | 580295 | | | | |
| 04/14/2014 | 285000 | | | | |
| 07/14/2014 | 285000 | | | | |
| | | | Totals ► 18(b) | 3193719 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 3028763 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.94% | 6.15% | 6.76 % | ☐ 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** | 564993 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 11250339 | 2313404 |
| **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** | 2878397 |

| | 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** | 2878397 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 3028763 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 150366 |
| **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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 | 50068 | Yes [X] No [ ] | Yes [X] No [ ] | 531 | Yes [ ] No [X] |

**(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 | 58267 | Yes [ ] No [X] | 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 | 60744 | Yes [ ] No [X] | 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 |
|---|---|---|
| | | |

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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 Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 822265 | 872539 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 14907 | 3183 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 457459 | 886750 |
| **(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 | 4047406 |
| **(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) | 42168452 | 46330618 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 45764832 | 52140496 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 45764832 | 52140496 |

## 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) | 3196069 | |
| **(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) | | 3196069 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 34 | |
| **(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) | | 34 |
| **(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) | 731344 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 731344 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 12596943 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 12596943 | |
| **(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) | 44080 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 44080 |

| | | (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) | | 6358515 |
| c Other income | 2c | | 15 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 10330057 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3560375 | |
| (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) | | 3560375 |
| 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) | 60744 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 58266 | |
| (4) Other | 2i(4) | 275008 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 394018 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3954393 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 6375664 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 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.) | 4c | | 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.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | 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? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | 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? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| 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. | 4n | | | |

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

## Part 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

**2013**

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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 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** 0

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

EIN(s): 13-4994650

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 2

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

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

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

**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, 2013**

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

**VERTELLUS SPECIALTIES INC.**
**DEFINED BENEFIT RETIREMENT PLAN**
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VonLehman
CPA & ADVISORY FIRM

## 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, 2013 and 2012, 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

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, 2013 and 2012, 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 schedules of Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions for the year ended December 31, 2013 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 referred to above.

**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 2, 2014

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

| | December 31, 2013 | December 31, 2012 |
|---|---|---|
| **ASSETS** | | |
| **Investments, at Fair Value** | | |
| Bond Funds | | |
| (Cost 2013, $13,999,662; Cost 2012, $13,652,860) | $ 13,860,509 | $ 14,124,734 |
| Equity Stock Funds | | |
| (Cost 2013, $24,268,392; Cost 2012, $23,712,366) | 32,470,109 | 26,681,357 |
| Other Investments (Cost 2013, $3,722,610; Cost 2012, $3,550,000) | 4,047,406 | 3,664,110 |
| Money Market Funds (Cost Equals Market) | 886,750 | 457,459 |
| Total Investments | 51,264,774 | 44,927,660 |
| **Receivables** | | |
| Interest and Dividends Receivable | 3,183 | 14,907 |
| Accrued Employer Contribution Receivable | 872,539 | 822,265 |
| Total Receivables | 875,722 | 837,172 |
| **Net Assets Available for Benefits** | $ 52,140,496 | $ 45,764,832 |

See accompanying notes.

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

| | Years Ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| **Additions:** | | |
| Investment Income: | | |
| Net Realized Gain and Unrealized Appreciation | | |
| in Fair Value of Investments | $ 6,402,595 | $ 4,063,832 |
| Interest Income | 34 | 593,043 |
| Dividend Income | 731,344 | 455,464 |
| Other Income | 15 | 5,358 |
| Employer Contribution | 3,196,069 | 2,967,624 |
| Total Additions | 10,330,057 | 8,085,321 |
| **Deductions:** | | |
| Benefits Paid to Participants | (3,560,375) | (3,468,197) |
| Trustee and Investment Fees | (108,334) | (111,337) |
| Accounting and Actuarial Fees | (60,744) | (103,471) |
| Insurance Premium | (224,940) | (199,387) |
| Total Deductions | (3,954,393) | (3,882,392) |
| Net Increase | 6,375,664 | 4,202,929 |
| **Net Assets Available For Benefits** | | |
| Beginning of Year | 45,764,832 | 41,561,903 |
| **End of Year** | $ 52,140,496 | $ 45,764,832 |

See accompanying notes.

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

## NOTE 1 - DESCRIPTION OF THE PLAN

### General

The Plan is a non-contributory defined benefit plan providing for retirement, disability, death and survivor benefits to all eligible employees. The Plan's sponsor is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Company's Employee Benefits Plan Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

### Participant's Accounts

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of every year. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the Plan document for that particular year. The applicable percentage rates are in Note 3 and are based on the participants' age plus years of credited service (as defined in the Plan document) at the end of the year. Age and credited service are determined in whole years at the end of the year.

Participants' hypothetical accounts also receive investment credits at the end of every year. See the Actuarial Present Value of Accumulated Benefits note for more discussion.

### Funding Policy

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 2013 and 2012, the Company made contributions of $3,196,069 and $2,967,624, respectively. The Company's contributions for 2013 and 2012 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth under ERISA.

### Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. See the Plan document for the vesting schedule for various categories of participants. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime.

### Death and Disability Benefits

A surviving spouse shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-Retirement Survivor Annuity. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

## NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

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.

## NOTE 2 - 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 Employee Benefit Plan 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.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted 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 2, 2014, which is the date the financial statements were available to be issued.

### 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 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2013 and 2012 were as follows:

| | |
|---|---|
| Assumed rate of return on investments | Three segment/yield curve rates ranging from 4.94% to 6.76% as required by PPA. Effective rate of 6.29% |
| Mortality basis | 2013 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 |

As of January 1, 2013 and 2012, the actuarial present value of accumulated plan benefits is as follows:

| | JANUARY 1, 2013 | JANUARY 1, 2012 |
|---|---|---|
| Actuarial Present Value of Accumulated Plan Benefits: | | |
| Vested Benefits: | | |
| Participants Currently Receiving Payments | $ 40,187,339 | $ 36,411,998 |
| Other Participants | 26,171,230 | 23,581,276 |
| | 66,358,569 | 59,993,274 |
| Nonvested Benefits | 65,768 | 90,722 |
| Total Actuarial Present Value of Accumulated Plan Benefits | $ 66,424,337 | $ 60,083,996 |

The actuarial present value of accumulated plan benefits for the Retirement Plan was $53,528,774 at January 1, 2011.

## NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The following is a summary of the changes in actuarial present value of accumulated plan benefits for the year ended January 1, 2013:

Change in actuarial present value of accumulated plan benefits:

| | |
|---|---|
| Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year | $ 60,083,996 |
| Increase (Decrease) During the Year Attributable to: | |
| Benefits Accruing During Plan Year | 280,496 |
| Interest | 3,307,974 |
| Benefits Paid During Plan Year | (3,468,197) |
| Actuarial Loss During Plan Year | 179,413 |
| Increase in PVAB Due to Plan Amendment | 1,880,960 |
| Increase in PVAB Due to Change in Assumptions | 4,159,695 |
| Net Increase | 6,340,341 |
| Actuarial Present Value of Accumulated Plan Benefits End of Year | $ 66,424,337 |

## 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, 2013 and 2012. Investments held during the years ended December 31, 2013 and 2012 appreciated (depreciated) in fair value as follows:

| | Net Change in Appreciation (Depreciation) in Fair Value During Year | Fair Value at End of Year |
|---|---|---|
| **Year Ended December 31, 2013** | | |
| Fair Market Value as Determined by Quoted Market Price: | | |
| Mutual Funds - Bond | $ (611,026) | $ 13,860,509 |
| Mutual Funds - Equity | 5,232,726 | 32,470,109 |
| Other Investments | 210,998 | 4,047,406 |
| Fair Value as Determined by Trustee Bank: | | |
| Short-Term Investments | - | 886,750 |
| | $ 4,832,698 | $ 51,264,774 |

**NOTE 4 - INVESTMENTS (Continued)**

| | Net Change in Appreciation (Depreciation) in Fair Value During Year | Fair Value at End of Year |
|---|---|---|
| **Year Ended December 31, 2012** | | |
| 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 |
| | $ 3,891,115 | $ 44,927,660 |

The following presents investments that represent 5% or more of the Plan's net assets for December 31, 2013 and 2012:

| | 2013 | 2012 |
|---|---|---|
| Pimco Funds Total Return Instl Cl. | $ 9,371,745 | $ 9,097,974 |
| Dodge & Cox Stock Fund | 5,563,161 | 3,962,092 |
| Vanguard Index 500 Portfolio Fund | 6,999,918 | 5,294,352 |
| Munder Veracity Small Cap Value | 3,891,028 | 2,763,717 |
| MainStay Large Cap Growth Fund | 6,108,129 | 4,464,481 |

**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, 2013:

| | Financial Statements | Form 5500 |
|---|---|---|
| Net Investment Gains | $ - | $ 6,358,515 |
| Unrealized Appreciation of Assets | - | 44,080 |
| Net Realized Gains and Unrealized Appreciation | 6,402,595 | - |
| | $ 6,402,595 | $ 6,402,595 |

## NOTE 6 - RELATED PARTY AND PARTIES-IN-INTEREST

As described in the Significant Accounting Policies note, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

## NOTE 7 - FROZEN PLAN

The Board of Directors elected to freeze the Plan effective December 31, 2005 for salary employees and September 30, 2008 for hourly employees. The retirement plan for collectively bargained employees of the Caschem Facility and Nepera Facility of Rutherford Chemicals, LLC, as such prior to plan was adopted and not frozen. See Note 8 for amendments made for freezing of the Plan.

The Caschem Facility of Rutherford Chemicals, LLC shall become a participant on the first day of the calendar month following one year service. The Nepera Facility of Rutherford Chemicals, LLC shall become a participant on the first day of the calendar month following attaining age 21 and one year of service.

## NOTE 8 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated: 1) 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; 2) all other benefits of participants under the Plan insured under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA); 3) all other vested termination benefits and; 4) all other accrued retirement benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

## 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 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, 2013 and 2012.

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.

**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, 2013 and 2012.

| | *Assets at Fair Value as of December 31, 2013* | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money Market | $ 886,750 | $ - | $ - | $ 886,750 |
| Fixed Income | 13,860,509 | - | - | 13,860,509 |
| Foreign | 8,055,709 | - | - | 8,055,709 |
| Large Cap | 18,671,208 | - | - | 18,671,208 |
| Mid Cap | 1,852,164 | - | - | 1,852,164 |
| Small Cap | 3,891,028 | - | - | 3,891,028 |
| Other Investments | - | - | 4,047,406 | 4,047,406 |
| Total Assets, at Fair Value | $47,217,368 | $ - | $ 4,047,406 | $51,264,774 |

| | *Assets at Fair Value as of December 31, 2012* | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money Market | $ 457,459 | $ - | $ - | $ 457,459 |
| Fixed Income | 14,124,734 | - | - | 14,124,734 |
| Foreign | 7,287,233 | - | - | 7,287,233 |
| 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 | - | - | 3,664,111 | 3,664,111 |
| Total Assets, at Fair Value | $41,263,549 | $ - | $ 3,664,111 | $44,927,660 |

***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, 2013 and 2012.

| | **Maverick Stable Value LTD** | **Common Long Biased Offshore LTD CL** | **Saville Row Managed Futures T, LLC** | **Saville Row AB Multi Strategy Instl, LLC** | **Total** |
|---|---|---|---|---|---|
| Balance, January 1, 2012 | $ 1,295,354 | $ 1,318,347 | $ - | $ - | $ 2,613,701 |
| Unrealized Gains (Losses) | 67,007 | 27,768 | (44,365) | - | 50,410 |
| Purchases | - | - | 1,000,000 | - | 1,000,000 |
| Balance, December 31, 2012 | 1,362,361 | 1,346,115 | 955,635 | - | 3,664,111 |
| Unrealized Gains (Losses) | 212,772 | (45,851) | 29,475 | 14,602 | 210,998 |
| Purchases | - | - | 500,000 | 823,000 | 1,323,000 |
| Sales | - | (1,150,703) | - | - | (1,150,703) |
| Balance, December 31, 2013 | $ 1,575,133 | $ 149,561 | $ 1,485,110 | $ 837,602 | $ 4,047,406 |

## NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

| | Maverick Stable Value LTD | Common Long Biased Offshore LTD CL | Saville Row Managed Futures T, LLC | Saville Row AB Multi Strategy Instl, LLC | Total |
|---|---|---|---|---|---|
| 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 | $ 212,772 | $ (45,851) | $ 29,475 | $ 14,602 | $ 210,998 |

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.

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.

## NOTE 13 - TAX STATUS

The Plan obtained its latest determination letter on August 13, 2012, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

# SUPPLEMENTAL SCHEDULE

# 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

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2013

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | 2a | 45,743,001 |
| **b** Actuarial value | 2b | 45,743,001 |

**3** Funding target/participant count breakdown:

| | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 3a | 445 | 35,504,180 |
| **b** For terminated vested participants | 3b | 242 | 10,495,302 |
| **c** For active participants: | | | |
| (1) Non-vested benefits | 3c(1) | | 51,060 |
| (2) Vested benefits | 3c(2) | | 10,942,798 |
| (3) Total active | 3c(3) | 255 | 10,993,858 |
| **d** Total | 3d | 942 | 56,993,340 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | 4a | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| **5** Effective interest rate | 5 | 6.29 % |
| **6** Target normal cost | 6 | 564,993 |

**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**

Sondra L Heeter

Signature of actuary

10/07/2014

Date

SONDRA L. HEETER

Type or print name of actuary

14-00997

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 [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 12.42 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 356,991 |
| | b Interest on (a) using prior year's effective interest rate of 7.00 % except as otherwise provided (see instructions) | | 24,989 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 381,980 |
| | 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 | 80.26 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.26 % |
| 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 | 81.44 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/10/2013 | 580,295 | | 09/08/2014 | 302,539 | |
| 07/12/2013 | 580,295 | | | | |
| 10/15/2013 | 580,295 | | | | |
| 12/23/2013 | 580,295 | | | | |
| 04/14/2014 | 285,000 | | | | |
| 07/14/2014 | 285,000 | | | | |
| | | | Totals ▶ 18(b) | 3,193,719 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 3,028,763 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 4.94 % | 2nd segment: 6.15 % | 3rd segment: 6.76 % | ☐ 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** | 564,993 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 11,250,339 | 2,313,404 |
| **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** | 2,878,397 |

| | 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** | 2,878,397 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 3,028,763 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 150,366 |
| **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, 2013 - December 31, 2013)

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

| | | | | |
|---|---|---|---|---|
| Plan Year Beginning: | 1/1/2013 | Valuation Date: | | 1/1/2014 |
| Effective Interest Rate: | 6.29% | | | |
| Interest Rate for Late Quarterlies: | 11.29% | | | |

| Contribution Classification | Schedule SB Line | Classified Amount | Date Made | Date Due | Days Late | Days to Discount to 1/1/2013 | Late Discount | Remaining Discount | Discounted Value |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 19c | 580,295 | 4/10/2013 | 4/15/2013 | 0 | 99 | 1.000000 | 0.983591 | $ 570,773 |
| 2 | 19c | 580,295 | 7/12/2013 | 7/15/2013 | 0 | 192 | 1.000000 | 0.968421 | 561,970 |
| 3 | 19c | 580,295 | 10/15/2013 | 10/15/2013 | 0 | 287 | 1.000000 | 0.953167 | 553,118 |
| 4 | 19c | 580,295 | 12/23/2013 | 1/15/2014 | 0 | 356 | 1.000000 | 0.942238 | 546,776 |
| 5 | 19c | 285,000 | 4/14/2014 | 9/15/2014 | 0 | 468 | 1.000000 | 0.924766 | 263,558 |
| 5 | 19c | 285,000 | 7/14/2014 | 9/15/2014 | 0 | 559 | 1.000000 | 0.910808 | 259,580 |
| 5 | 19c | 302,539 | 9/8/2014 | 9/15/2014 | 0 | 615 | 1.000000 | 0.902323 | 272,988 |
| Total | | $ 3,193,719 | | | | | | | $ 3,028,763 |

| 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 | 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, 2013 to December 31, 2013**

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

## Schedule SB line 26 - Schedule of Active participant Data

**Vertellus Specialties Inc. Defined Benefit Retirement Plan**
**EIN: 35-0607240**
**PN: 001**
**Plan Year: January 1, 2013 to December 31, 2013**

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF JANUARY 1, 2013

| SERVICE GROUP | AGE GROUP 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65 & OVER | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 3 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5-9 | 0 | 1 | 7 | 6 | 11 | 7 | 11 | 3 | 1 | 0 | 47 |
| 10-14 | 0 | 0 | 3 | 5 | 6 | 6 | 6 | 3 | 1 | 0 | 30 |
| 15-19 | 0 | 0 | 0 | 3 | 12 | 9 | 6 | 9 | 3 | 0 | 42 |
| 20-24 | 0 | 0 | 0 | 0 | 6 | 14 | 17 | 11 | 6 | 2 | 56 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 6 | 7 | 7 | 0 | 1 | 21 |
| 30+ | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 28 | 16 | 2 | 55 |
| TOTAL | 0 | 1 | 10 | 14 | 35 | 44 | 58 | 61 | 27 | 5 | 255 |

AVERAGE AGE = 51.1

AVERAGE SERVICE = 15.6

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, 2013 to December 31, 2013**

SHORTFALL AMORTIZATION CHARGE

| Date Established | Initial Balance | Years Remaining | Shortfall Amortization Installment | Balance 1/1/2013 |
|---|---|---|---|---|
| 1/1/2008 | $ 1,153,883 | 2 | $ 192,995 | $ 376,905 |
| 1/1/2009 | $ 1,836,619 | 3 | $ 325,906 | $ 932,414 |
| 1/1/2010 | $ 5,247,814 | 4 | $ 883,166 | $ 3,290,952 |
| 1/1/2011 | $ 3,703,821 | 13 | $ 358,624 | $ 3,375,723 |
| 1/1/2012 | $ 315,703 | 6 | $ 53,582 | $ 283,604 |
| 1/1/2013 | $ 2,990,741 | 7 | $ 499,131 | $ 2,990,741 |
| Total | | | $ 2,313,404 | $ 11,250,339 |

## 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, 2013 to December 31, 2013**

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, 2013 to December 31, 2013**

ACTUARIAL ASSUMPTIONS

| | PPA Funding |
|---|---|
| Segmented Interest Rates | |
| Segment 1 (0-5 years) | 4.94% |
| Segment 2 (5-20 years) | 6.15% |
| Segment 3 (20+ years) | 6.76% |
| Applicable Month | September |
| Effective Interest Rate | 6.29% |
| Future Salary Increases | None Assumed |
| Mortality | 2013 Applicable Table (separate) |
| Mortality Improvement | None Assumed |
| Disability | None Assumed |
| Termination | Sarason T-5 |
| Retirement Age* | Age 65 |
| Percent Married | 80% |
| Age Difference in Participant & Spouse | Males two years older than females |
| Administrative Expense | Anticipated Administrative Expenses |

* 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, 2013 to December 31, 2013**

SUMMARY OF PLAN PROVISIONS

(for participants in the prior Reilly Industries Retirement Plan)

| | |
|---|---|
| EFFECTIVE DATE | January 1, 1958 |
| LATEST RESTATEMENT | Complete Restatement January 1, 2010 |
| PARTICIPATION | First day of calendar month coincident with or next following completion of 1 year of eligibility service. Participation was 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. |
| 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.<br><br>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):<br>(1) 0.85% of Monthly Plan Compensation multiplied by benefit service (maximum 35 years), plus<br>(2) 0.55% of Monthly Plan Compensation in excess of covered compensation multiplied by benefit service (maximum 35 years), plus<br>(3) 0.5% of Monthly Plan Compensation multiplied by benefit service in excess of 35 years.<br><br>Benefit Accruals were frozen as of December 31, 2005.<br><br>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.<br><br>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.<br><br>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.<br><br>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:<br>(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<br>(2) Actuarially equivalent benefit 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.<br><br>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:<br><br>(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<br>(2) Actuarially equivalent benefit 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 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 1/180th for each month of the first 5 years, 1/360th for each month of the next 5 years, and actuarially thereafter for each month that the commencement date precedes the normal retirement date. |

| | |
|---|---|
| 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.<br><br>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. |
| Termination Benefit | After completion of at least 5 years of vesting service, a participant shall be 100% vested in his accrued benefit. |
| 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. |
| Forms of Payment | Life Annuity, Life Annuity with 10 or 15 years certain, Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to survivor, Joint and Survivor Annuity with 50% continuing to spouse and a guaranteed 15 year certain period, Lump Sum if value of benefit does not exceed $10,000. |
| Actuarial Equivalence | Optional Forms of Payment are actuarially equivalent based on the UP-1984 Table (90% male/10% female) and 5.0% interest |

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.

# 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. Participation was frozen as of 9/15/2008. |
| 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. |
| 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 |
| 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:<br>(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 and $30.85 effective 9/15/2012 were negotiated in 2010.) |

(2) For the period 9/16/2010 through 9/6/2013, 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.

(3) For the period 9/7/2013 through 10/4/2016, for members of the Indianapolis Union whose age plus vesting service total at least 85, a special benefit shall be payable equal to $30.85 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.

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 or 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

| | |
|---|---|
| | 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. |
| 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. |
| Forms of Payment | Life Annuity, Life Annuity with 10 or 15 years certain, Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to survivor, Joint and Survivor Annuity with 50% continuing to spouse and a guaranteed 15 year certain period, Lump Sum if value of benefit does not exceed $10,000. |
| Actuarial Equivalence | Optional Forms of Payment are actuarially equivalent based on the UP-1984 Table (90% male/10% female) and 5.0% interest |

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.

# 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.<br><br>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. |
| 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. |
| Special Early Retirement | A participant who attains age 60 and completes 30 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. |

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The normal retirement benefit is equal to years of Benefit Service times $48. 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. Also, multiplier increases to $52.50 effective 9/18/2013, $53.50 effective 9/18/2014 and $54.50 effective 9/18/2015 were negotiated in 2013.)

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.

| Age of Retirement | Factor |
|---|---|
| 65 | 1.000 |
| 64 | 0.922 |
| 63 | 0.852 |
| 62 | 0.789 |
| 61 | 0.731 |
| 60 | 0.679 |

Special Early Retirement

Accrued benefit payable immediately with no reduction for early retirement.

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 or 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. |
| Forms of Payment | Life Annuity, Joint and Survivor Annuity with 50%, 75% or 100% continuing to survivor, Lump Sum if value of benefit does not exceed $5,000 |
| Actuarial Equivalence | 1983 Group Annuity Table for Males, set back 1 year and 5.0% interest. Joint and Survivor factors are determined by a formula specified in the plan document. |

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.

# 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.<br><br>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. |
| AMOUNT OF BENEFITS: | |
| Normal Retirement Benefit | The normal retirement benefit is equal to the product of the participant's months of Benefit Service and $54.00. Benefit Service is credited only for service on or after November 10, 2003. |

| | |
|---|---|
| Late Retirement Benefit | The benefit is determined under the same formula as for normal retirement, based on the Benefit Service at actual retirement. |
| Early Retirement | Accrued benefit payable at normal retirement date and determined under the same formula as for normal retirement, reduced by .5% for each completed month by which the Early Retirement Date precedes the Normal Retirement Date. |
| Early Retirement Supplemental Benefit | The participant's estimated Social Security Benefit payable as a temporary annuity from Early Retirement until age 62. |
| Disability Benefit | Accrued retirement benefit commencing at the participant's Disability Retirement Date. |
| 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 or 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. |
| Forms of Payment | Life Annuity, Life Annuity with 10 or 15 years certain, Joint and Survivor Annuity with 50%, 75% or 100% continuing to survivor, Lump Sum if value of benefit does not exceed $5,000 |
| Actuarial Equivalence | 1983 Group Annuity Table for Males, set back 1 year for the participant and set back 5 years for the beneficiary with 5.0% interest. Joint and Survivor factors are determined by a formula specified in the plan document. |

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.

**VERTELLUS SPECIALTIES INC.**
**DEFINED BENEFIT RETIREMENT PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2013**

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, 2013

| (a) | (b) Identity of Issue | (c) Description of Investment | (d) Cost | (e) Current Value | |
|---|---|---|---|---|---|
| | Short-Term Investments: | | | | |
| ** | JPMorgan Liquid Assets Money Market Fund | 228,503 shares | $ 886,750 | $ 886,750 | |
| | Total Short-Term Investments | | 886,750 | 886,750 | |
| | Mutual Funds - Fixed Income: | | | | |
| | Hartford Mutual Funds, Inc. World Bond Fund Cl. Y | 229,908 shares | 2,425,622 | 2,434,725 | |
| ** | JPMorgan Core Bond Fund | 96,370 shares | 1,119,105 | 1,106,332 | |
| | Pimco Funds Short-Term Fund | 96,214 shares | 948,885 | 947,707 | |
| | Pimco Funds Total Return Instl Cl. | 876,683 shares | 9,506,050 | 9,371,745 | * |
| | Total Mutual Funds - Bonds | | 13,999,662 | 13,860,509 | |
| | Mutual Funds - Equity: | | | | |
| | Aberdeen Asia Bond Fund | 101,345 shares | 1,148,855 | 989,124 | |
| | Advisors Inner Circle Fund | 52,039 shares | 956,925 | 954,397 | |
| | Artisan International Fund | 41,900 shares | 1,205,574 | 1,277,118 | |
| | Causeway Cap Management Tr International Value Fund | 79,005 shares | 1,068,304 | 1,277,508 | |
| | Dodge & Cox Stock Fund | 32,943 shares | 3,244,907 | 5,563,161 | * |
| | IVA Fiduciary Tr Iva Worldwide Fund Cl. I | 138,058 shares | 2,324,629 | 2,460,201 | |
| | MainStay Large Cap Growth Fund | 586,756 shares | 4,626,129 | 6,108,129 | * |
| | Matthews International Fund | 58,031 shares | 985,456 | 1,097,361 | |
| | Morgan Stanley Instl US Real Estate Portfolio Fund | 111,913 shares | 1,825,089 | 1,852,164 | |
| | Munder Veracity Small Cap Value | 123,958 shares | 2,430,105 | 3,891,028 | * |
| | Nortel Networks Corp | 50 shares | 415 | - | |
| | Vanguard Index 500 Portfolio Fund | 49,744 shares | 4,452,004 | 6,999,918 | * |
| | Total Mutual Funds - Equity | | 24,268,392 | 32,470,109 | |
| | Other Investments: | | | | |
| | Common Sense Long Biased Offshore LTD CL | 1,209 shares | 124,610 | 149,561 | |
| | Maverick Stable Fund LTD | 1,246 shares | 1,275,000 | 1,575,133 | |
| | Saville Row Managed Futures T LLC | 1474 shares | 1,500,000 | 1,485,110 | |
| | Savile Row AB Multi Strategy Instl LLC | 821 shares | 823,000 | 837,602 | |
| | Total Other Investments | | 3,722,610 | 4,047,406 | |
| | Total Assets Held for Investments | | $ 42,877,414 | $ 51,264,774 | |

** The Fair Value of these Investments Represents 5% or More of the Plan's Assets at December 31, 2013.*

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

VERTELLUS SPECIALTIES INC.
DEFINED BENEFIT RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2013

Plan #001
EIN 35-0607240

Form 5500, Schedule H, Part IV, Item 4(j) - Schedule of Reportable Transactions

| (a) Identity of party involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expenses Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| Hartford Mutual Funds Inc. | Hartford Mutual Funds Inc. World Fund CL Y CUSIP 41664M185 | $ 2,400,000 | $ - | $ - | $ - | $ 2,400,000 | $ 2,400,000 | $ - |