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;
- [X] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [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
CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 10/01/2012

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

CC INDUSTRIES, INC.

222 N LASALLE ST STE 1000
CHICAGO, IL 60601-1007

2b Employer Identification Number (EIN) 36-2123962

2c Sponsor's telephone number 312-750-6574

2d Business code (see instructions) 541990

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.	10/09/2014	JUDITH EKOLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2014	JUDITH EKOLA
	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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	251
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**	201
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	241
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	244
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	243
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:
2E 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES		007
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CC INDUSTRIES, INC.	36-2123962	

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

NEUBERGER & BERMAN

13-5521910

(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?
27 51	INVESTMENT ADVISOR	525929	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARRIS ASSOCIATES

36-3484078

(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?
27 51	INVESTMENT ADVISOR	341259	Yes [ ] No [X]	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 [ ]

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

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

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
CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
CC INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2123962

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)	2205948	2295003
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3148288	6539244
(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)	92919888	123462257
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	98274124	132296504
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	98274124	132296504

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)	2295003	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2295003
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	970	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		970
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1737623	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1737623
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	31820577	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20865533	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10955044
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	22983432	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		22983432

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		37972072
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3082504	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3082504
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	867188	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		867188
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3949692
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		34022380
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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	0
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	0

			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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		10000000
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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
CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
CC INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2123962

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): 42-0127290

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**

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):

CC Industries and Affiliates Profit Sharing Plan for Salaried Employees

Financial Statements and Supplemental Schedule

December 31, 2013 and 2012

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
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Supplemental Schedule

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Note: Other schedules of additional financial information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

Independent Auditor's Report

To the Participants and Administrator of
CC Industries and Affiliates Profit Sharing Plan for Salaried Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CC Industries and Affiliates Profit Sharing Plan for Salaried Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 the 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 the 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 6, which was certified by Principal Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, 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 the financial statements.

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year) as of 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

September 9, 2014

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair market value		
Common stocks	$ 123,462,257	$ 92,919,888
Interest-bearing cash	6,539,244	3,148,288
Total investments	130,001,501	96,068,176
Employers' contributions receivables	2,295,003	2,205,948
Net assets available for benefits	$ 132,296,504	$ 98,274,124

The accompanying notes are an integral part of these financial statements.

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

Additions to the net assets attributed to	
Employers' contributions	$ 2,295,003
Investment income	
Net appreciation in fair value of investments	33,938,476
Interest and dividend income	1,738,593
Total investment income	35,677,069
Total additions	37,972,072
Deductions from the net assets attributed to	
Benefit payments to participants	3,082,504
Investment management fees	867,188
Total deductions	3,949,692
Net increase	34,022,380
Net assets available for benefits	
Beginning of period	98,274,124
End of period	$ 132,296,504

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following description provides general information on the provisions of the CC Industries and Affiliates Profit Sharing Plan for Salaried Employees (the "Plan"), a multiple-employer plan, sponsored by Henry Crown and Company, d/b/a CC Industries, Inc. (the "Company"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, a profit sharing plan, was established effective October 1, 2012. On this date, the Plan accepted the transfer of the profit sharing contributions of each employee who was a participant in the CC Industries and Affiliates Retirement Savings Plan for Salaried Employees.

The Plan currently covers all salaried employees of the Company and Longview Asset Management, LLC (each as "Employer") who have completed 30 days of service with no minimum age requirement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

The Plan is noncontributory. The annual profit sharing contribution is determined by each participating Employer that has adopted the Plan. The contribution made by each Employer is allocated among the participants employed by that Employer based on the ratio of the participant's eligible compensation (as defined) to the total eligible compensation of all participants employed by that Employer.

Vesting

A participant becomes 20% vested in their profit sharing account after completion of two years of service (as defined) and continues to vest annually until 100% vesting is attained after six years of service.

Participant Accounts

Each participant's account is credited with the Employer's profit sharing contribution and an allocation of (1) investment earnings and losses after allocation of investment management fees and (2) forfeitures of terminated participants' nonvested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants with ten or more years of service who terminated during 2012 prior to October 1, 2012, were eligible to share in the profit sharing contribution for the 2012 plan year. Participants who terminate on or after October 1, 2012, will not be eligible to share in the profit sharing contribution unless they are active on the last day of the plan year, except participants who die, retire, or become totally and permanently disabled during the plan year will continue to be eligible to share in the profit sharing contribution for the plan year in which they die, retire or become disabled.

Description of the Plan - Continued

Forfeitures
Forfeited nonvested accounts are reallocated to current participants in the same manner as the Employer's contributions. The forfeiture balance as of December 31, 2013 and 2012 amounted to $21,996 and $45,962, respectively. Forfeitures in the amount of $45,962 were reallocated to participants during 2013.

Investment Options
The Company administers the Plan. Principal Trust Company ("Principal") is the trustee of the Plan. Principal Financial Group is the recordkeeper of the Plan.

The Plan's investments are nonparticipant-directed and invested at the discretion of the Company's investment managers primarily in a portfolio of publicly traded equity securities and an interest-bearing cash account.

Payment of Benefits
On termination of service, retirement or total and permanent disability, a participant may elect to receive payment in the form of either a lump-sum distribution, annual installments or a direct rollover to an Individual Retirement Account ("IRA") or another Internal Revenue Service ("IRS") qualified plan equal to the value of the participant's vested account. In the event of death, the participant's beneficiary will receive a lump-sum distribution.

Participants who are age 59 1/2 and 100% vested are permitted to make an in-service withdrawal which can be rolled over to an IRA or another IRS qualified plan, such as the CC Industries and Affiliates Retirement Savings Plan for Salaried Employees.

Administrative Expenses
Expenses of administration, such as legal, accounting, recordkeeping and trustee fees, are paid entirely by each Employer. Investment management fees are paid from the assets of the Plan.

Plan Termination
Although they have not expressed any intent to do so, each Employer has the right under the Plan to discontinue their contributions at any time and the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be fully vested in their accounts and the trustee will distribute Plan assets to participants or their beneficiaries in accordance with the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates
The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events
Events or transactions occurring after the period end through September 9, 2014, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

Valuation of Investments and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. 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 (Depreciation) in Fair Value of Investments
Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

Payment of Benefits
Benefits are recorded when paid.

Recent Accounting Pronouncements
In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") Update, 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U. S. GAAP and IFRS*. This pronouncement provides guidance to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with GAAP. The amendments are intended to: 1) clarify the application of existing fair value measurement and disclosure requirements and 2) change a particular principle or requirement for measuring and disclosing information about fair value measurements. This guidance is effective for annual periods beginning January 1, 2012. Plan management has incorporated this guidance into Note 4 of the financial statements.

Summary of Significant Accounting Policies - Continued

In December, 2011, FASB issued ASC Update, 2011-11, *Disclosures about Offsetting Assets and Liabilities*, which provides guidance on disclosure requirements for offsetting financial assets and liabilities. The retrospective application of this guidance is effective for annual periods beginning January 1, 2013 and did not have a material effect on the Plan's financial statements.

3. Investments

There were no investments which represented 5% or more of the Plan's net assets as of December 31, 2013 and 2012.

During 2013, the Plan's common stock investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $33,938,476.

The Plan provides for investments that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

4. Fair Value

The Plan follows guidance defined in ASC Topic 820, *Fair Value Measurements and Disclosures*, which provides a framework for measuring fair value under GAAP. This 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 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

Fair Value - Continued

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.

The Plan's investments are valued using the following methodologies:

- **Common stocks:** valued at the closing price of individual shares at year-end as traded in an active market.

- **Interest-bearing cash:** valued at cost, which reflects fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following table presents the Plan's investment assets measured at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Total
Common stocks				
Consumer discretionary	$ 21,371,535	$ -	$ -	$ 21,371,535
Energy	18,447,712	-	-	18,447,712
Financials	36,378,464	-	-	36,378,464
Health care	3,514,709	-	-	3,514,709
Industrials	10,924,969	-	-	10,924,969
Information technology	25,841,738	-	-	25,841,738
Materials	6,983,130	-	-	6,983,130
Interest-bearing cash	-	6,539,244	-	6,539,244
Total assets at fair value	$123,462,257	$ 6,539,244	$ -	$130,001,501

Fair Value - Continued

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Common stocks				
Consumer discretionary	$ 22,312,506	$ -	$ -	$ 22,312,506
Consumer staples	888,560	-	-	888,560
Energy	15,570,892	-	-	15,570,892
Financials	18,359,198	-	-	18,359,198
Health care	3,721,620	-	-	3,721,620
Industrials	9,307,998	-	-	9,307,998
Information technology	18,293,384	-	-	18,293,384
Materials	4,465,730	-	-	4,465,730
Interest-bearing cash	-	3,148,288	-	3,148,288
Total assets at fair value	$ 92,919,888	$ 3,148,288	$ -	$ 96,068,176

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan does not hold any investments requiring Level 3 measurements and there have not been any transfers of assets between the levels from 2012 to 2013.

5. Income Tax Status

The IRS has determined and informed the Company in a letter dated February 12, 2014, that the Plan established October 1, 2012, is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the effective date, the Company and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires 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. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2013. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

6. Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements, notes to the financial statements and supplemental schedule is complete and accurate:

- Investments, at fair market value, as shown in the Statements of Net Assets Available for Benefits.
- Interest and dividend income as shown in the Statement of Changes in Net Assets Available for Benefits.
- Net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2013.
- Investment and investment income amounts as shown in Notes 3 and 4.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

SUPPLEMENTAL SCHEDULE

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Bank account			
	State Street Bank and Trust Company	Interest-bearing cash	$ 6,539,244	$ 6,539,244
	Common stocks			
	Abbvie, Inc.	Common stock	506,695	755,183
	Accenture Plc	Common stock	676,754	1,488,182
	American Airlines, Inc.	Common stock	240,491	252,500
	American Express Company	Common stock	229,011	544,380
	American International Group, Inc.	Common stock	2,890,732	4,277,990
	Anadarko Petroleum Corporation	Common stock	852,811	1,189,800
	Aon Plc	Common stock	3,929,710	4,865,620
	Applied Materials, Inc.	Common stock	3,246,965	4,449,035
	Ashland, Inc.	Common stock	388,036	485,200
	Blackrock, Inc.	Common stock	3,205,646	3,671,052
	Boeing Company	Common stock	1,604,239	2,593,310
	Cabot Oil and Gas Corporation	Common stock	560,539	3,759,720
	Carmax, Inc.	Common stock	781,444	1,349,474
	Carpenter Technology Corporation	Common stock	1,256,017	2,301,400
	Covanta Holding Corporation	Common stock	703,410	781,000
	Delphi Automotive Plc	Common stock	1,764,258	3,541,657
	Dresser-Rand Group, Inc.	Common stock	1,536,724	1,991,642
	EOG Resources, Inc.	Common stock	1,019,657	1,510,560
	Family Dollar Stores, Inc.	Common stock	2,772,627	3,060,087
	Franklin Resources, Inc.	Common stock	1,676,903	4,104,603
	Gaming and Leisure Properties, Inc.	Common stock	1,668,094	3,500,809
	General Motors Company	Common stock	3,442,575	4,855,356

Information included in this schedule is certified as complete and accurate by Principal Trust Company.

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	Illinois Tool Works, Inc.	Common stock	1,353,436	2,942,800
	Intel Corporation	Common stock	3,405,517	4,062,740
	International Business Machines Corp.	Common stock	1,193,246	2,644,737
	International Paper Company	Common stock	1,254,334	2,108,290
	Johnson & Johnson	Common stock	834,908	1,007,490
	J P Morgan Chase and Company	Common stock	2,638,098	4,707,640
	Microsoft Corporation	Common stock	1,511,055	2,170,940
	National Oilwell Varco, Inc.	Common stock	2,446,256	3,658,380
	Occidental Petroleum Corporation	Common stock	1,486,863	2,377,500
	Oracle Corporation	Common stock	3,964,053	5,670,132
	Packaging Corporation of America	Common stock	858,484	2,088,240
	Penn National Gaming, Inc.	Common stock	487,842	988,770
	Pfizer, Inc.	Common stock	1,001,360	1,752,036
	Phillips 66	Common stock	167,577	462,780
	Pioneer Natural Resources Company	Common stock	920,993	3,497,330
	SanDisk Corporation	Common stock	1,339,137	1,481,340
	Starwood Hotels & Resorts, Inc.	Common stock	1,645,018	3,297,175
	Textron, Inc.	Common stock	668,728	882,240
	Tiffany & Company	Common stock	1,628,325	2,523,616
	Torchmark Corporation	Common stock	459,182	1,015,950
	Travelers Companies, Inc.	Common stock	1,087,960	2,263,500
	Triumph Group, Inc.	Common stock	2,763,341	2,867,839
	United Continental Holdings, Inc.	Common stock	495,820	605,280
	Unum Group	Common stock	1,233,300	2,069,720
	Viacom, Inc.	Common stock	529,554	1,755,400
	Visa, Inc.	Common stock	1,301,138	3,874,632
	Wells Fargo & Company	Common stock	3,561,682	5,357,200
		Total common stocks	75,190,545	123,462,257
		Total assets	$81,729,789	$130,001,501

Information included in this schedule is certified as complete and accurate by Principal Trust Company.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)				
CC Industries and Affiliates Profit Sharing Plan				
EIN 36 2123962				
Plan Number 007				
Plan Year 01/01/2013 to 12/31/2013				
			Cost	Market
State Street Bank & Trust	Interest Bearing Cash	Interest Bearing Cash	$ 6,539,244.00	$ 6,539,244.00
CC Industries Profit Sharing Fund	Abbvie Inc	Common Stocks	$ 506,694.57	$ 755,183.00
CC Industries Profit Sharing Fund	Accenture Ltd	Common Stocks	$ 676,754.58	$ 1,488,182.00
CC Industries Profit Sharing Fund	American Airlines Group Inc	Common Stocks	$ 240,491.00	$ 252,500.00
CC Industries Profit Sharing Fund	American Express Co	Common Stocks	$ 229,010.82	$ 544,380.00
CC Industries Profit Sharing Fund	American International Group I	Common Stocks	$ 2,890,731.99	$ 4,277,990.00
CC Industries Profit Sharing Fund	Anadarko Petroleum Corp	Common Stocks	$ 852,811.46	$ 1,189,800.00
CC Industries Profit Sharing Fund	Aon Corp	Common Stocks	$ 3,929,709.77	$ 4,865,620.00
CC Industries Profit Sharing Fund	Applied Materials Inc	Common Stocks	$ 3,246,965.37	$ 4,449,035.00
CC Industries Profit Sharing Fund	Ashland Inc	Common Stocks	$ 388,036.00	$ 485,200.00
CC Industries Profit Sharing Fund	Blackrock Inc	Common Stocks	$ 3,205,646.05	$ 3,671,052.00
CC Industries Profit Sharing Fund	Boeing Co	Common Stocks	$ 1,604,239.21	$ 2,593,310.00
CC Industries Profit Sharing Fund	Cabot Oil & Gas Corp	Common Stocks	$ 560,538.75	$ 3,759,720.00
CC Industries Profit Sharing Fund	Carmax Inc	Common Stocks	$ 781,444.39	$ 1,349,474.00
CC Industries Profit Sharing Fund	Carpenter Technology Corp	Common Stocks	$ 1,256,017.14	$ 2,301,400.00
CC Industries Profit Sharing Fund	Covanta Holding Corp	Common Stocks	$ 703,409.88	$ 781,000.00
CC Industries Profit Sharing Fund	Delphi Automotive Plc	Common Stocks	$ 1,764,257.77	$ 3,541,657.00
CC Industries Profit Sharing Fund	Dresser Rand Group Inc	Common Stocks	$ 1,536,724.01	$ 1,991,642.00
CC Industries Profit Sharing Fund	EOG Resources Inc	Common Stocks	$ 1,019,656.71	$ 1,510,560.00
CC Industries Profit Sharing Fund	Family Dollar Stores Inc	Common Stocks	$ 2,772,626.73	$ 3,060,087.00
CC Industries Profit Sharing Fund	Franklin Resources Inc	Common Stocks	$ 1,676,903.45	$ 4,104,603.00
CC Industries Profit Sharing Fund	Gaming and Leisure Properties	Common Stocks	$ 1,668,093.74	$ 3,500,809.00
CC Industries Profit Sharing Fund	General Motors Co	Common Stocks	$ 3,442,575.36	$ 4,855,356.00
CC Industries Profit Sharing Fund	Illinois Tool Works Inc	Common Stocks	$ 1,353,435.82	$ 2,942,800.00
CC Industries Profit Sharing Fund	Intel Corp	Common Stocks	$ 3,405,516.73	$ 4,062,740.00

CC Industries Profit Sharing Fund	International Business Machine	Common Stocks	$ 1,193,246.25	$ 2,644,737.00
CC Industries Profit Sharing Fund	International Paper Co	Common Stocks	$ 1,254,333.64	$ 2,108,290.00
CC Industries Profit Sharing Fund	Johnson & Johnson	Common Stocks	$ 834,907.75	$ 1,007,490.00
CC Industries Profit Sharing Fund	JP Morgan Chase & Co	Common Stocks	$ 2,638,098.02	$ 4,707,640.00
CC Industries Profit Sharing Fund	Microsoft Corp	Common Stocks	$ 1,511,054.47	$ 2,170,940.00
CC Industries Profit Sharing Fund	National Oilwell Varco Inc	Common Stocks	$ 2,446,255.93	$ 3,658,380.00
CC Industries Profit Sharing Fund	Occidental Petroleum Corp	Common Stocks	$ 1,486,863.09	$ 2,377,500.00
CC Industries Profit Sharing Fund	Oracle Corp	Common Stocks	$ 3,964,053.10	$ 5,670,132.00
CC Industries Profit Sharing Fund	Packaging Corp Of America	Common Stocks	$ 858,483.97	$ 2,088,240.00
CC Industries Profit Sharing Fund	Penn National Gaming Inc	Common Stocks	$ 487,841.78	$ 988,770.00
CC Industries Profit Sharing Fund	Pfizer Inc	Common Stocks	$ 1,001,360.11	$ 1,752,036.00
CC Industries Profit Sharing Fund	Phillips 66	Common Stocks	$ 167,577.01	$ 462,780.00
CC Industries Profit Sharing Fund	Pioneer Natural Resources Co	Common Stocks	$ 920,993.43	$ 3,497,330.00
CC Industries Profit Sharing Fund	Sandisk Co	Common Stocks	$ 1,339,136.60	$ 1,481,340.00
CC Industries Profit Sharing Fund	Starwood Hotels & Resorts Worl	Common Stocks	$ 1,645,018.48	$ 3,297,175.00
CC Industries Profit Sharing Fund	Textron, Inc	Common Stocks	$ 668,728.20	$ 882,240.00
CC Industries Profit Sharing Fund	Tiffany & Co	Common Stocks	$ 1,628,324.90	$ 2,523,616.00
CC Industries Profit Sharing Fund	Torchmark Corp	Common Stocks	$ 459,181.32	$ 1,015,950.00
CC Industries Profit Sharing Fund	Travelers Cos Inc	Common Stocks	$ 1,087,960.30	$ 2,263,500.00
CC Industries Profit Sharing Fund	Triumph Group Inc	Common Stocks	$ 2,763,340.63	$ 2,867,839.00
CC Industries Profit Sharing Fund	UAL Corp	Common Stocks	$ 495,820.00	$ 605,280.00
CC Industries Profit Sharing Fund	Unum Group	Common Stocks	$ 1,233,299.91	$ 2,069,720.00
CC Industries Profit Sharing Fund	Viacom Inc	Common Stocks	$ 529,553.93	$ 1,755,400.00
CC Industries Profit Sharing Fund	Visa Inc	Common Stocks	$ 1,301,138.28	$ 3,874,632.00
CC Industries Profit Sharing Fund	Wells Fargo & Co	Common Stocks	$ 3,561,682.29	$ 5,357,200.00
CC Industries Profit Sharing Fund	Xerox Corp	Common Stocks		
			$ 75,190,544.69	$ 123,462,257.00