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
SEQUA 401K PLAN

1b Three-digit plan number (PN) ▶ 083

1c Effective date of plan 01/01/1975

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

SEQUA CORPORATION

300 BLAISDELL RD
ORANGEBURG, NY 10962

2b Employer Identification Number (EIN)
13-1885030

2c Sponsor's telephone number
201-343-1122

2d Business code (see instructions)
333610

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.	10/10/2014	MARY BETH BALKIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	MARY BETH BALKIN
	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**	3865
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**	2632
b	Retired or separated participants receiving benefits	**6b**	86
c	Other retired or separated participants entitled to future benefits	**6c**	1250
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3968
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	3973
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3908
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	251
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 2F 2G 2J 2K 2S 2T 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)		**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) [ ] **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) [X] **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
SEQUA 401K PLAN

B Three-digit plan number (PN) ▶ 083

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUA CORPORATION

D Employer Identification Number (EIN)
13-1885030

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)

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 26 37 52	NONE	103597	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

CROWE HORWATH LLP

35-0921680

(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?
10	NONE	18400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TROUTMAN SANDERS

58-0946915

(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	NONE	24154	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

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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: KPMG, LLP	**b** EIN:	13-5565207
c	Position: AUDITOR		
d	Address: 345 PARK AVENUE NEW YORK, NY 10154	**e** Telephone:	212-954-8349

Explanation: ENGAGED WITH NEW AUDIT FIRM.

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
SEQUA 401K PLAN

B Three-digit plan number (PN) ▶ 083

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SEQUA CORPORATION

D Employer Identification Number (EIN)
13-1885030

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT INCOME TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083967-022	C	3572413

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2010 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083954-001	C	2367045

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2015 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083984-001	C	7162921

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2020 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083982-001	C	9527866

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2025 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083980-001	C	10348251

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2030 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083978-001	C	7838601

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2035 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083976-001	C	7792414

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2040 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083974-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2318681

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2045 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4214685

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2050 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083970-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2101995

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RTRMNT 2055 TRUST II

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 27-6715091-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 472311

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RTRMNT SAVINGS TRUST V

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 23-2186884-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62755225

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RTRMNT SAVINGS TRUST V

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 23-2186884-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
SEQUA 401K PLAN

B Three-digit plan number (PN) ▶ 083

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUA CORPORATION

D Employer Identification Number (EIN)
13-1885030

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)	130090	40193
(2) Participant contributions	1b(2)	11668	3729
(3) Other	1b(3)	15024775	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	7783391	7039544
(9) Value of interest in common/collective trusts	1c(9)	67532649	120472408
(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)	189098857	176634014
(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	279581430	304189888
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	18400
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	18400
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	279581430	304171488

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)	6180922	
	(B) Participants	2a(1)(B)	11278427	
	(C) Others (including rollovers)	2a(1)(C)	1318390	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		18777739
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	292302	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		292302
	(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)	4187519	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4187519
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(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)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-628125
(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)		38543770
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		61173205
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36426900	
(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)		36426900
f Corrective distributions (see instructions)	2f		7912
g Certain deemed distributions of participant loans (see instructions)	2g		19873
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	128462	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		128462
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36583147
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		24590058
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: CROWE HORWATH LLP **(2)** EIN: 35-0921680

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		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
SEQUA 401K PLAN

B Three-digit plan number (PN) ▶ 083

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUA CORPORATION

D Employer Identification Number (EIN)
13-1885030

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**

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): 23-2186884

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):

Crowe Horwath LLP
Independent Member Crowe Horwath International

INDEPENDENT AUDITOR'S REPORT

Employee Benefit Plans Administrative Committee
Sequa 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Sequa 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year 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 6, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2013 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 certification from the trustee as of December 31, 2013 and for the year then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

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 2013 financial statements.

Other Matters

The statement of net assets available for benefits of the Sequa 401(k) Plan as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended were reported on by other auditors whose report dated September 23, 2013, disclaimed an opinion for the same reasons described in the Basis for Disclaimer of Opinion paragraph. The form and content of the information included in those financial statements, other than that derived from information certified by the trustee, were audited by them in accordance with auditing standards generally accepted in the United States of America and, in their opinion, were 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.

The supplemental Schedule H, Line 4I – 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 purposes 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 2013 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.

Crowe Horwath LLP

New York, New York
October 8, 2014

SEQUA 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2013 and 2012

SEQUA 401(K) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

December 31, 2013 and 2012

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INDEPENDENT AUDITOR'S REPORT

Employee Benefit Plans Administrative Committee
Sequa 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Sequa 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year 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 6, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2013 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 certification from the trustee as of December 31, 2013 and for the year then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

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 2013 financial statements.

Other Matters

The statement of net assets available for benefits of the Sequa 401(k) Plan as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended were reported on by other auditors whose report dated September 23, 2013, disclaimed an opinion for the same reasons described in the Basis for Disclaimer of Opinion paragraph. The form and content of the information included in those financial statements, other than that derived from information certified by the trustee, were audited by them in accordance with auditing standards generally accepted in the United States of America and, in their opinion, were 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.

The supplemental Schedule H, Line 4I – 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 purposes 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 2013 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.

Crowe Horwath LLP

Crowe Horwath LLP

New York, New York
October 8, 2014

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SEQUA 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments, at fair value (Notes 6 and 7):		
Mutual funds	$ 176,634,014	$ 189,098,857
Collective trust funds	120,472,408	67,532,649
Total investments, at fair value	297,106,422	256,631,506
RECEIVABLES		
Employee contributions	3,729	11,668
Employer contributions	40,193	130,090
Notes receivable from participants, (Note 6)	7,039,544	7,783,391
Due from Roll Coater Savings Plans	-	15,024,775
Total receivables	7,083,466	22,949,924
LIABILITIES		
Expenses payable	18,400	-
Net assets, reflecting all investments at fair value	304,171,488	279,581,430
ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (NOTE 2)	(1,701,448)	(3,399,729)
Net assets available for benefits	$ 302,470,040	$ 276,181,701

See accompanying notes to financial statements.

SEQUA 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2013 and 2012

	2013	2012
Additions to net assets available for benefits		
Investment income, (Note 6)		
Net appreciation in fair value of investments	$ 38,543,770	$ 17,984,865
Dividends	4,187,519	4,158,321
Interest	1,070,156	1,540,198
Net investment income	43,801,445	23,683,384
Interest income on notes receivable from participants, (Note 6)	292,302	288,649
Contributions		
Employee	12,596,817	12,686,704
Employer	6,180,922	6,364,981
Total contributions	18,777,739	19,051,685
Total additions	62,871,486	43,023,718
Deductions from net assets available for benefits		
Benefits paid directly to participants	36,454,685	31,885,752
Administrative fees	128,462	39,689
Total deductions	36,583,147	31,925,441
Net increase prior to Plan merger	26,288,339	11,098,277
Plan merger (Note 1)	-	15,024,775
Net increase	26,288,339	26,123,052
Net assets available for benefits		
Beginning of year	276,181,701	250,058,649
End of year	$ 302,470,040	$ 276,181,701

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Sequa 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan in which contributions are made by employees and may be partially matched by Sequa Corporation (the "Company"). All non-collectively bargained employees of the Company and its participating affiliates become eligible to participate in the Plan after attaining age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective December 31, 2012, the Roll Coater Savings Plan for Associates and the Roll Coater Savings Plan for Bargaining Unit Associates (collectively, the "Roll Coater Savings Plans") merged with and into the Plan. All participants of the Roll Coater Savings Plans became participants of the Plan as of the merger date. Net assets of $15,024,775 were transferred into the Plan on January 2, 2013. There were no changes to participant's eligibility or benefits as a result of the merger.

Contributions

New hires and newly eligible participants will be automatically enrolled at a 3% contribution rate and have their contribution rate increase each year by 1% (up to a 10% cap) unless an alternate election is made; automatic enrollment and annual increase for employees covered by a collective bargaining agreement ("CBA") is determined by the CBA. Participants may elect to reduce their eligible compensation by any whole percentage amount between 1% and 40% and have this amount deposited as pre-tax contributions into the investment funds selected by the participant. In accordance with the Internal Revenue Code ("IRC"), participants could not make contributions exceeding $17,500 for 2013 and $17,000 for 2012. In order to satisfy the necessary nondiscrimination tests required under ERISA and related regulations, certain participants designated as highly compensated employees may be limited in the amount of their pretax contributions. For any participant, the annual addition to the Plan (participant plus employer contribution) may not exceed the lesser of 100% of the participant's compensation or $51,000 in 2013 and $50,000 in 2012. The Plan allows for catch-up contributions for participants age 50 or older as permitted by the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. Catch-up contributions were limited to $5,500 for both 2013 and 2012. For most participants the Company may match 50% of the employees' contributions up to 6% of the participants' eligible compensation. The Company may match 100% of BELAC employees' contributions up to 6% of the participants' eligible compensation. The amount of Company match for employees covered by a CBA is determined by the CBA.

Under a profit-sharing feature of the Plan, Midwest Metal Coatings, LLC ("MMC"), a subsidiary of the Company, may make a discretionary profit-sharing contribution on behalf of each MMC participant who remains employed by MMC as of the last day of such plan year or on behalf of MMC participants who during the plan year terminated due to disability, retired or died. This contribution is typically made in March of the following year. Employees covered under a CBA may receive profit sharing and/or transition contributions as outlined in the CBA. Hourly employees of Chromalloy Component Services receive a profit sharing contribution equal to 2% of their eligible compensation with each payroll. Certain other employees who were participants in the Sequa Retirement Plan as of December 31, 2005 and had their benefit in that plan frozen as of December 31, 2005 may receive a profit sharing contribution equal to 3% of their eligible compensation with each payroll.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Vesting

A participant's interest in their pretax contribution account is fully vested at all times. Participants commence vesting in the Company contribution account upon completion of their twelfth month of employment at the rate of 20% per year and are fully vested upon completion of their fifth year of employment. In addition, if the employee attains age 65, becomes disabled, or dies while employed by the Company, he or she will be fully vested. Certain employees are fully vested in the company matching contribution based on their CBA or other participation agreement. Any nonvested portion of participant account balances forfeited by employees is applied against future Company contributions or used to pay reasonable administrative expenses.

Payment of Benefits

Participants are entitled to their vested account balance after age 59 ½, upon retirement at or after age 65, upon death, upon termination of employment, or upon permanent/total disability. Participants may elect to receive a lump sum payment, a direct rollover to an Individual Retirement Account or other qualified plan or an annuity. Participants may also choose to defer receipt of their benefits if their vested account balance is greater than $5,000. Terminated participants with vested account balances between $1,000 and $4,999 who do not elect to receive a distribution of their account balance within a reasonable time following the termination will have their account rolled into a Vanguard Individual Retirement Account. Terminated participants with vested account balances less than $1,000 who do not elect to receive a distribution of their account balance will have their account balance automatically cashed out.

Hardship withdrawals are permitted if certain conditions are met. After the withdrawal, the participants may not make contributions to the Plan for six months.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, if any, and (b) Plan earnings, and may be charged with his or her withdrawals and an allocation of administrative expenses and Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Any Company contributions are invested in the same allocation as the participant's contributions.

Notes Receivable from Participants

Notes receivable from participants are permitted in accordance with the loan provisions in the Plan. Eligible participants can borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate of prime plus 1%. Principal and interest are paid through payroll deductions. Upon termination of employment, the participant may either repay any outstanding balance in full or incur a tax liability on the unpaid balance.

Forfeited Amounts

At December 31, 2013 and 2012, forfeited nonvested amounts totaled $1,353,566 and $1,059,741, respectively. In 2013 and 2012, the forfeited amounts used to reduce employer contributions were $4,767 and $0, respectively. In 2013, the forfeited amounts used to pay administrative expenses were $24,154.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, provided that such action results in the distribution of Plan assets and income thereon (after payment of Plan expenses) exclusively to active and retired participants. In the event of Plan termination, participants would become 100% vested in their accounts.

Plan Administration

The Company is the Plan administrator (as defined in the Plan) and has appointed an employee benefit plans administrative committee to carry out certain of the Plan administrator's responsibilities. Vanguard Fiduciary Trust Company ("Vanguard") is the trustee, investment manager and record keeper for the Plan. It is intended that participants direct the investment of their accounts in accordance with Section 404(c) of ERISA.

Certain expenses of administering the Plan are paid by the Company and others are paid by the participant. Certain of these expenses paid by the participants may include recordkeeping, managed account, and loan expenses. Investment management expenses are paid by the respective investment fund and are included in the net appreciation in fair value of investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles ("U.S. GAAP"). The more significant accounting policies followed by the Plan are as follows:

Investment Valuation and Income Recognition

The Plan investments are stated 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 (see Note 7).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's realized gains (losses) and changes in unrealized gain (loss) on investments bought and sold as well as held during the year.

Fully Benefit-Responsive Investment Contracts

The Plan applies the provisions of Accounting Standards Codification (ASC) Topic 962-325-35 which requires that fully benefit-responsive investment contracts, which are included in the collective trust fund, be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Therefore, there is an adjustment from fair value to contract value that is reported in the Statements of Net Assets Available for Benefits.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities. These estimates and assumptions are based on management's best estimate and judgment. Management evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including consideration of the current economic environment. Management adjusts such estimates when facts and circumstances dictate. As future events and their effects cannot be determined with precision, actual results may differ from those estimates and assumptions.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - 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 and the sensitivity of certain fair value estimates to changes in valuation assumptions, 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 4 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated November 18, 2013 that the Plan and related trust are designed in accordance with applicable sections of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or de-recognition of an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

(Continued)

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. Certain Plan investments are shares of collective trust funds managed by Vanguard and mutual funds managed by an affiliate of Vanguard. Vanguard is the Plan's trustee and, therefore, transactions with these funds qualify as party-in-interest.

Vanguard earns management fees, which are paid by the individual mutual funds and are reflected in the net appreciation (depreciation) in fair value of investments. These along with direct expenses paid for by the Plan qualify as party-in-interest transactions. Also, notes receivable from participants also reflect party-in-interest transactions.

NOTE 6 - UNAUDITED INFORMATION - CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Vanguard, the trustee of the Plan. This information has not been audited by independent accountants.

The contract value of fully benefit-responsive investment contracts in the Plan's Vanguard Retirement Savings Trust investment as of December 31, 2013 and 2012 amounted to $61,053,777 and $64,132,920, respectively, which has been certified as complete and accurate by the trustee. The fair value of the Vanguard Retirement Savings Trust, which amounted to $62,755,225 and $67,532,649 as of December 31, 2013 and 2012, respectively, was not included in the certification from the trustee.

The fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2013 and 2012 are as follows:

	2013	2012	
Vanguard Retirement Savings Trust	$ 62,755,225	$ 67,532,649	
Vanguard Total Stock Market Index Fund Investor Shares	39,365,184	32,338,046	
Vanguard 500 Index Fund	38,788,581	31,619,757	
Vanguard Life Strategy Moderate Growth Fund	22,253,712	21,694,433	
Vanguard Small-Cap Index Fund	18,000,556	13,798,875	*

* This investment represented less than 5% of the Plan's net assets as of December 31, 2012 but is presented for comparative purposes.

During 2013, the Plan's trustee certified the Plan's investment income of $43,801,445, which included net appreciation in the fair value of collective trusts of $7,036,549, net appreciation in the fair value of mutual funds of $31,507,221 (including gains and losses on investments bought and sold as well as held during the year), dividend income of $4,187,519 and interest income of $1,070,156.

(Continued)

NOTE 6 - UNAUDITED INFORMATION - CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS (Continued)

During 2012, the Plan's trustee certified the Plan's investment income of $23,683,384, which included net appreciation in the fair value of mutual funds of $17,984,865 (including gains and losses on investments bought and sold as well as held during the year), dividend income of $4,158,321 and interest income of $1,540,198.

During 2013 and 2012, the Plan's trustee certified the Plan's interest income from notes receivable from participants of $292,302 and $288,649, respectively. At December 31, 2013, there were $7,039,544 outstanding notes receivable from participants bearing interest rates ranging from 4.25% to 9.25% with maturities from 2014 through 2028. At December 31, 2012, there were $7,783,391 outstanding notes receivable from participants bearing interest rates ranging from 4.25% to 9.50% with maturities from 2013 to 2027.

NOTE 7 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, Fair Value Measurements and Disclosures, defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. 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 below:

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

Level 2 Inputs to the valuation methodology 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 measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

Stable Value Collective Trust Fund: The fair value of participation units in the stable value collective trust fund is based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund (Level 2 inputs). The fund seeks to provide current and stable income, and primarily in synthetic investment contracts backed by high-credit-quality fixed income investments and traditional investments issued by insurance companies and banks. The fund seeks to achieve its objective by diversifying among high-credit-quality investments and investment contracts that are structured to smooth market gains and losses over time. There are no restrictions as to the redemption of this collective trust nor does the Plan have any contractual obligations to further invest in any individual collective trusts.

Collective Trusts: The fair values of participation units held in collective trusts, other than stable value funds, are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). The Vanguard Target Retirement collective trusts seek to provide capital appreciation and current income by investing in mutual funds that use an asset allocation strategy designed for investors planning to retire and leave the workforce at or around years ranging from 2010 through 2055, as well as for investors currently in retirement.

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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value, as certified by the trustee, as of December 31, 2013 and 2012:

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Large cap equity	$ 106,351,798	$ -	$ -	$ 106,351,798
Mid cap equity	26,827,385	-	-	26,827,385
Small cap equity	18,000,556	-	-	18,000,556
Money market	15,545,397	-	-	15,545,397
Fixed income	9,908,878	-	-	9,908,878
Target blended collective trust funds	-	57,717,183	-	57,717,183
Stable value collective trust fund	-	62,755,225	-	62,755,225
Total investments at fair value	$ 176,634,014	$ 120,472,408	$ -	$ 297,106,422

(Continued)

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Large cap equity	$ 87,563,000	$ -	$ -	$ 87,563,000
Mid cap equity	24,860,287	-	-	24,860,287
Small cap equity	13,798,875	-	-	13,798,875
Target date blended	33,455,355	-	-	33,455,355
Money market	16,711,930	-	-	16,711,930
Fixed income	12,709,410	-	-	12,709,410
Stable value collective trust fund	-	67,532,649	-	67,532,649
Total investments at fair value	$ 189,098,857	$ 67,532,649	$ -	$ 256,631,506

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Certain financial information in these financial statements differs from the financial information on Form 5500 as of and for the years ended December 31, 2013 and 2012. The differences arise from the fact that the fully benefit-responsive investment contracts are reported at contract value on the Plan's financial statements, while the Form 5500 reports such contracts at fair value. The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of and for the years ended December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	$ 302,470,040	$ 276,181,701
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	1,701,448	3,399,729
Net assets available for benefits per Form 5500	$ 304,171,488	$ 279,581,430
Net investment income per the financial statements	$ 26,288,339	$ 23,683,384
Net change in adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,698,281)	136,885
Net investment income per Form 5500	$ 24,590,058	$ 23,820,269

(Continued)

NOTE 9 - PLAN CHANGES

The following changes in Plan provisions have taken place during 2013:

- Effective December 31, 2012, the Plan was amended to set forth special terms and conditions which apply to employees of Precoat Metals Corporation ("Precoat"), formerly known as Roll Coater, Inc. The amendment allows the merger of the Roll Coater Savings Plan for Associates and the Roll Coater Savings Plan for Bargaining Unit Associates with and into the Plan. Effective January 1, 2013, Precoat became a participating employer under the Plan.
- Effective January 1, 2012 the Plan was amended to increase the profit sharing contribution allocated to certain non-highly compensated employees for 2012 for the sole purpose of ensuring that the profit sharing contribution is nondiscriminatory in amount under Treasury Regulation Section 1.401(a)(4)-1(b)(2).
- Effective January 1, 2013, the Plan was amended for the following:
  - To permit a beneficiary who is entitled to receive a death benefit to delay payment of the benefit until December 31 of the year in which the 5th anniversary of the participant's death occurs.
  - To permit a participant's surviving spouse to elect payment of a death benefit otherwise payable as an annuity in the form of a lump sum.
  - To eliminate the restriction on the number of in-service withdrawals a participant may receive after attaining age 59 ½.
  - To permit participants to receive in-service withdrawals from their rollover accounts at any time.
- Effective June 30, 2013, the Plan was amended to allow participation and outline the special terms and conditions which apply to collectively bargained employees at Sequa Coatings LLC, a division of Precoat.
- Effective November 26, 2013 the Plan was amended to permit amounts credited to the forfeiture account to be used to pay reasonable administrative expenses of the Plan and to fund certain types of contributions.
- Effective December 20, 2013 the Plan was amended as follows:
  - Advanced Coatings Technologies LLC ("ACT") shall cease to be a participating employer in the Plan effective as of the closing date of the sale by Chromalloy Gas Turbine Corporation of its membership interests in ACT to Pratt & Whitney Coatings Corporation ("P&W") or one or more of its affiliates; and
  - Permits Plan participants employed with ACT immediately prior to the closing date and who continue employment with ACT thereafter to directly roll over their entire account balances, including any outstanding loans, to the qualified defined contribution plan maintained by P&W and/or United Technologies Corporation.

NOTE 10 - SUBSEQUENT EVENTS

We evaluated subsequent events from the date of the financial statements through October 8, 2014 which represents the date these financial statements were available to be issued. There were no other events or transactions occurring during this subsequent event reporting period which require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

SEQUA 401(k) PLAN
SCHEDULE H, LINE 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2013

Name of Plan Sponsor: Sequa Corporation
Employer Identification Number: 13-1885030
Three-Digit Plan Number: 083

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
*	Vanguard	Vanguard 500 Index Fund	#	$ 38,788,580
*	Vanguard	Vanguard Federal Money Market Fund	#	7,904,972
*	Vanguard	Vanguard Growth Index Fund Investor Shares	#	8,164,709
*	Vanguard	Vanguard Life Strategy Moderate Growth Fund	#	22,253,712
*	Vanguard	Vanguard Mid-Cap Index Fund	#	4,573,673
*	Vanguard	Vanguard Prime - Money Market Fund	#	7,640,425
*	Vanguard	Vanguard Small-Cap Index Fund	#	18,000,556
*	Vanguard	Vanguard Total Bond Market Index Fund	#	9,908,878
*	Vanguard	Vanguard Total International Stock Index Fund	#	12,949,226
*	Vanguard	Vanguard Total Stock Market Index Fund Investor Shares	#	39,365,184
*	Vanguard	Vanguard Value Index Fund Investor Shares	#	7,084,099
				176,634,014
		Collective Trust Funds		
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2010 Fund	#	2,367,046
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2015 Fund	#	7,162,921
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2020 Fund	#	9,527,866
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2025 Fund	#	10,348,251
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2030 Fund	#	7,838,601
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2035 Fund	#	7,792,413
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2040 Fund	#	2,318,681
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2045 Fund	#	4,214,685
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2050 Fund	#	2,101,995
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2055 Fund	#	472,311
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement Income	#	3,572,413
*	Vanguard Fiduciary Trust Company	Vanguard Retirement Savings Trust	#	62,755,225
				120,472,408
		Notes Receivable from Participants		
	* Participant Loans	Loans, maturing through 2028, interest rates ranging from 4.25% - 9.25%	#	7,039,544
				$ 304,145,966

* Denotes party-in-interest
\# Investments are participant directed; historical cost not required.

See Independent Auditor's Report

SEQUA 401(k) PLAN
SCHEDULE H, LINE 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2013

Name of Plan Sponsor: Sequa Corporation
Employer Identification Number: 13-1885030
Three-Digit Plan Number: 083

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
*	Vanguard	Vanguard 500 Index Fund	#	$ 38,788,580
*	Vanguard	Vanguard Federal Money Market Fund	#	7,904,972
*	Vanguard	Vanguard Growth Index Fund Investor Shares	#	8,164,709
*	Vanguard	Vanguard Life Strategy Moderate Growth Fund	#	22,253,712
*	Vanguard	Vanguard Mid-Cap Index Fund	#	4,573,673
*	Vanguard	Vanguard Prime - Money Market Fund	#	7,640,425
*	Vanguard	Vanguard Small-Cap Index Fund	#	18,000,556
*	Vanguard	Vanguard Total Bond Market Index Fund	#	9,908,878
*	Vanguard	Vanguard Total International Stock Index Fund	#	12,949,226
*	Vanguard	Vanguard Total Stock Market Index Fund Investor Shares	#	39,365,184
*	Vanguard	Vanguard Value Index Fund Investor Shares	#	7,084,099
				176,634,014
		Collective Trust Funds		
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2010 Fund	#	2,367,046
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2015 Fund	#	7,162,921
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2020 Fund	#	9,527,866
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2025 Fund	#	10,348,251
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2030 Fund	#	7,838,601
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2035 Fund	#	7,792,413
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2040 Fund	#	2,318,681
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2045 Fund	#	4,214,685
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2050 Fund	#	2,101,995
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement 2055 Fund	#	472,311
*	Vanguard Fiduciary Trust Company	Vanguard Target Retirement Income	#	3,572,413
*	Vanguard Fiduciary Trust Company	Vanguard Retirement Savings Trust	#	62,755,225
				120,472,408
		Notes Receivable from Participants		
	* Participant Loans	Loans, maturing through 2028, interest rates ranging from 4.25% - 9.25%	#	7,039,544
				$ 304,145,966

* Denotes party-in-interest
\# Investments are participant directed; historical cost not required.

See Independent Auditor's Report