

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan KAO AMERICA INC. PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1992</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 52-2064483</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 513-421-1400</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 325600</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1992		2b Employer Identification Number (EIN) 52-2064483		2c Sponsor's telephone number 513-421-1400		2d Business code (see instructions) 325600	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 01/01/1992											
2b Employer Identification Number (EIN) 52-2064483											
2c Sponsor's telephone number 513-421-1400											
2d Business code (see instructions) 325600											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KAO AMERICA INC. 2535 SPRING GROVE AVE CINCINNATI, OH 45214-1729											

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.	10/15/2014	NICOLE MCCLELLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2500
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 857
b Retired or separated participants receiving benefits	6b 442
c Other retired or separated participants entitled to future benefits	6c 1059
d Subtotal. Add lines 6a , 6b , and 6c	6d 2358
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 110
f Total. Add lines 6d and 6e	6f 2468
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 KAO AMERICA INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KAO AMERICA INC.	D Employer Identification Number (EIN) 52-2064483	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000359	93	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ ANNUITY

b Balance at the end of the previous year	7b	1219286
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	48715	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	48715
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1268001
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	8500	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	8500
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1259501
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>KAO AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KAO AMERICA INC.</u>	D Employer Identification Number (EIN) <u>52-2064483</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>106454382</u>
b Actuarial value	2b <u>105006975</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>492</u> <u>32461790</u>
b For terminated vested participants.....	3b <u>1206</u> <u>20087927</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1099355</u>
(2) Vested benefits	3c(2) <u>31695783</u>
(3) Total active.....	3c(3) <u>811</u> <u>32795138</u>
d Total.....	3d <u>2509</u> <u>85344855</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.27 %</u>
6 Target normal cost	6 <u>2726190</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/07/2014</u>
	Signature of actuary	Date
<u>DONALD BUNGENSTOCK</u>	Type or print name of actuary	<u>14-05702</u>
		Most recent enrollment number
<u>BUCK CONSULTANTS</u>	Firm name	<u>513-852-1681</u>
		Telephone number (including area code)
<u>720 E. PETE ROSE WAY, SUITE 300</u> <u>CINCINNATI, OH 45202</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	13088893	23097264
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2712183	0
9 Amount remaining (line 7 minus line 8)	10376710	23097264
10 Interest on line 9 using prior year's actual return of <u>13.20</u> %	1369726	3048839
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.99</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11746436	26146103

Part III Funding Percentages		
14 Funding target attainment percentage	14	78.63 %
15 Adjusted funding target attainment percentage	15	123.03 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2726190	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2726190	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	2726190	0	2726190
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>KAO AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KAO AMERICA INC.</u>	D Employer Identification Number (EIN) <u>52-2064483</u>	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>NEW YORK LIFE INVESTMENT MANAGEMENT</u>

52-2206685

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

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

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 ☐

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: DELOITTE & TOUCH	b EIN: 13-3891517
c Position: AUDITOR	
d Address: 250 E 5TH STREET #1900 CINCINNATI, OH 45202	e Telephone: 513-784-7100

Explanation: CORPORATE DECISION TO CHANGE AUDITOR.

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 <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>KAO AMERICA INC. PENSION PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KAO AMERICA INC.</u>		D Employer Identification Number (EIN) <u>52-2064483</u>

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	273323	284583
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
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)		
(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)	105235096	112523542
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1219286	1259501
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	106727705	114067626

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	106727705	114067626
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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)	2016	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	19916	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21932
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	2951126	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2951126
(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)		
(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)		8764124
c Other income	2c		40216
d Total income. Add all income amounts in column (b) and enter total	2d		11777398

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4437477	
(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)		4437477
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4437477

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7339921
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>KAO AMERICA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KAO AMERICA INC.</u>	D Employer Identification Number (EIN) <u>52-2064483</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>22</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 54.0% Investment-Grade Debt: 42.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 3.0%

- 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):

KAO AMERICA INC. PENSION PLAN
Cincinnati, Ohio

FINANCIAL STATEMENTS
December 31, 2013 and 2012

KAO AMERICA INC. PENSION PLAN
Cincinnati, Ohio

FINANCIAL STATEMENTS
December 31, 2013 and 2012

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO FINANCIAL STATEMENTS	5
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	13
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	14

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Kao America Inc. Pension Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kao America Inc. Pension 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 3, which was certified by New York Life Trust Company ("New York Life") and Aetna Life Insurance Company ("Aetna") except for comparing such information with the related information included in the 2013 financial statements. We have been informed by the plan administrator that New York Life and Aetna hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from New York Life and Aetna as of December 31, 2013 and for the year then ended that the information provided to the plan administrator by New York Life and Aetna 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 Kao America Inc. Pension Plan as of December 31, 2012 and the statement of changes in net assets available for benefits for the year then ended, were reported on by other auditors whose report dated October 11, 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 that financial statement, other than that derived from information certified by New York Life and Aetna 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) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are 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 schedules.

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 schedules, other than that derived from the information certified by the New York Life and Aetna, 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

Columbus, Ohio
October 14, 2014

KAO AMERICA INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Cash	\$ 284,583	\$ 273,323
Investments, at fair value (Note 3)		
Mutual Funds	112,523,542	105,235,096
Unallocated investment contract	<u>1,259,501</u>	<u>1,219,286</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 114,067,626</u></u>	<u><u>\$ 106,727,705</u></u>

See accompanying notes to financial statements.

KAO AMERICA INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets attributed to:		
Investment income (Note 3)		
Interest and dividend income	\$ 5,033,862	\$ 3,674,960
Net appreciation in fair value of investments	<u>6,752,036</u>	<u>8,957,142</u>
	11,785,898	12,632,102
 Employer contributions	 <u>-</u>	 <u>115,249</u>
 Total additions	 11,785,898	 12,747,351
 Deductions from net assets attributed to:		
Benefits paid to directly to participants	4,437,477	4,907,611
Administrative expenses	<u>8,500</u>	<u>203,277</u>
 Total deductions	 <u>4,445,977</u>	 <u>5,110,888</u>
 Net increase	 7,339,921	 7,636,463
 Net assets available for benefits		
Beginning of year	<u>106,727,705</u>	<u>99,091,242</u>
 End of year	 <u>\$ 114,067,626</u>	 <u>\$ 106,727,705</u>

See accompanying notes to financial statements.

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Kao America Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General: The Plan is a noncontributory defined benefit plan and provides for retirement, death, and disability benefits for all eligible employees of Kao America, Inc. and affiliated employers (the “Company”) that have adopted the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligible employees generally include all full-time and part-time employees of the Company and certain affiliated companies that have adopted the Plan who are credited with one year of service and who have attained age 21. Affiliated companies that were participating in the Plan on January 1, 2012 included Kao Brands Company (formerly The Andrew Jergens Company), Kao Professional Salon Services, Inc., KMS Global Marketing LLC, Kao Specialties Americas LLC, and High Point Textile Auxiliaries LLC. Effective as of January 3, 2012, three of the participating affiliated companies (Kao Brands Company, Kao Professional Salon Services, Inc. and KMS Global Marketing LLC) were consolidated into a new entity named Kao USA Inc. Currently, affiliated companies participating in the Plan are Kao USA Inc., Kao Specialites America LLC and High Point Textile Auxiliaries LLC. Participants remain eligible as long as they have not experienced a separation from service.

Plan Benefits: The Plan includes a cash balance formula whereby vested participants will be entitled to a retirement benefit amount, payable for 10 years, and thereafter, for the participant’s life that is equal to the actuarial equivalent of the balance of the participant’s cash balance account as of the end of the month before the annuity start date.

The cash balance account is equal to the sum of (a) initial cash balance account as calculated as of January 1, 2001, (b) a contribution credit at each subsequent December 31 equal to 5% of the participant’s compensation for the Plan year, and (c) an interest credit at each subsequent December 31 calculated using an annual interest rate on 30-year Treasury securities for the November preceding the Plan year. The annual interest rate is 2.80% and 3.02% as of December 31, 2013 and 2012, respectively.

However, in order to protect employees enrolled in the Plan prior to January 1, 2001, certain participants will have their accrued benefits calculated under two alternatives. Upon termination or retirement, vested employees who were employed as of December 31, 2000, and were at least 40 years of age on December 31, 2001, may choose between the cash balance benefit and the “Grandfather Benefit” as described below.

The “Grandfather Benefit” calculated under the formula in effect prior to the cash balance amendment is equal to the benefit percentage (1% for each year of credited service up to a maximum of 35) times the final average pay (average of annual pay for the five highest consecutive years in last 10 years).

Effective March 31, 2009, the Plan was amended to freeze the “Grandfather Benefit” and eliminate the option for grandfathered participants to choose between the cash balance benefit and “Grandfather Benefit”. The amended formula is the greater of the cash balance benefit and “Grandfather Benefit” as of March 31, 2009, plus future accruals under the cash balance formula after March 31, 2009.

The Plan permits early retirement at ages 55 to 64 as long as an employee has 10 years of credited service. If employees terminate before rendering three years of vesting service, they forfeit the right to future retirement income unless they are reemployed and subsequently credited with three years of vesting service. Employees may elect to receive the portion of their accumulated plan benefits under one of the following options: (a) Life with Ten-Year Certain Option, (b) Joint and Survivor Annuity with 50% continuation, with 75% continuation or with 100% continuation, and (c) Life Annuity. Employees may also elect a lump-sum payment under the cash balance formula.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Death and Disability Benefits: If an active employee credited with at least three years of vesting service dies, a death benefit will be paid to the employee's spouse or beneficiary. A spouse receives a lifetime monthly benefit equal to 50% of the benefit that would have been received under the Joint and Survivor Annuity with 50% continuation method, unless the employee elected the Life with Ten-Year Certain Option. A beneficiary receives a benefit equal to the amount due under the Life with Ten-Year Certain Option. Under the Qualified Optional Survivor Annuity, a participant can elect an annuity payable monthly during his/her lifetime with a further annuity payable to his/her spouse or other designated beneficiary for the life of such spouse or beneficiary in an amount equal to 75% of the amount payable to the participant. Active employees who become totally disabled and qualify for disability benefits under the Company's provided disability plan prior to December 31, 2003, and do not return to work prior to their retirement date will be entitled to a pension benefit starting on the normal retirement date. The monthly benefit will be the larger of the normal retirement benefit based on final average pay and disability service or the benefit calculated as if the employee terminated on the last day of active employment. For vested participants who terminate on account of disability on or after January 1, 2004, the participant will be entitled to a normal, early, or vested deferred retirement benefit as provided under the Plan.

Funding: The Company contributes amounts that it considers necessary to provide assets sufficient to meet the benefits to be paid. The Company's contributions for 2013 and 2012 met the minimum funding requirements of ERISA.

Administration: Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid through the Plan. Investment management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimate of the actuarial present value of accumulated plan benefits.

Payment of Benefits: Benefits payments to participants are recorded when paid.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other 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.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

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

Investment Contract: Investment contracts are valued at fair value by the insurance company based on the withdrawal value of the contract based on the terms noted in the contract (level 2 inputs). The withdrawal value of the contract approximates the contract value of the contract.

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.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2013 Using:			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds			
Large cap domestic equity	\$ 24,022,170	-	-
Large cap international equity	17,857,466	-	-
Large cap blended	12,474,999	-	-
Mid cap domestic equity	7,863,552	-	-
Small cap domestic equity	4,086,200	-	-
Bond	46,219,155	-	-
Unallocated investment contract	-	1,259,501	-
Total	<u>\$ 112,523,542</u>	<u>\$ 1,259,501</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2012 Using:			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds			
Large cap domestic equity	\$ 26,801,541	-	-
Large cap international equity	9,542,138	-	-
Large cap blended	11,084,749	-	-
Mid cap domestic equity	9,681,557	-	-
Small cap domestic equity	3,443,522	-	-
Bond	44,771,589	-	-
Unallocated investment contract	-	1,219,286	-
Total	<u>\$ 105,235,096</u>	<u>\$ 1,219,286</u>	<u>\$ -</u>

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investments 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 investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Reclassification: Certain prior year amounts have been reclassified to conform to current year presentation. The reclassifications did not impact previously reported changes in net assets available for benefits and had no effect on the Plan's net assets available for benefits.

NOTE 3 – INVESTMENTS - UNAUDITED INFORMATION

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), dividends and interest earned, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by New York Life Trust Company and Aetna Life Insurance Company and furnished to the Plan administrator. This information has not been audited by independent accountants.

The following presents the fair values of investments that represent 5 percent or more of the Plan's net assets available for benefits

	<u>2013</u>	<u>2012</u>
MFS Value Fund A	\$ - *	\$ 9,291,954
The Growth Fund of America R4	-	8,854,311
Davis New York Venture Fund A	-	8,655,276
American EuroPacific Growth R4 Fund	12,534,694	9,452,138
GMO Global Balanced AA	12,474,999	11,084,749
PIMCO All Asset Fund	5,361,970*	5,772,453
PIMCO Long Term Credit Inst	40,857,185	38,999,136
Vanguard Institutional Index	15,358,525	-
BBH Core Select Fund	8,663,645	-

* Amount does not exceed 5% of net assets available for benefits as of December 31, 2013 or 2012, as applicable.

During 2013 and 2012, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$6,752,036 and \$8,957,142, respectively.

Interest and dividends realized on the Plan's investments for the year ended December 31, 2013 and 2012 were \$5,033,862 and \$3,674,960, respectively.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Aetna Life Insurance Company ("Aetna"). Aetna maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Aetna, which approximates fair value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. Aetna may not terminate the contract at any amount less than contract value.

Aetna is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are established every four years by Aetna. When the interest rate is changed, the new rate only applies to funds deposited from the date of change. For amounts contributed prior to January 1, 2011, the interest rate is 4%. For amounts contributed after December 31, 2010, the interest rate is 3.5%.

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are estimated future periodic payments attributable under the Plan's provisions to services rendered by participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees with vested rights or their beneficiaries, (b) beneficiaries of participants who have deceased, and (c) present active employees or their beneficiaries. Benefits payable under all circumstances (i.e. retirement, disability and termination of employment) are included to the extent they are deemed attributable to employee services rendered as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2012 were as follows:

Mortality	Internal Revenue Service (IRS) 2013 Static Mortality
Retirement age	A scale of estimated retirements from age 55 to 67
Investment return on assets	8%
Cash balance crediting rate	2.8%

The changes of assumptions between December 31, 2011 and December 31, 2012 include changing the funding mortality assumption from 2012 to 2013 static mortality and changing the cash balance interest crediting rate from 4.19% to 2.80%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits as of December 31, 2012 is as follows:

	<u>2012</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 28,384,649
Other benefits	<u>42,397,259</u>
	70,781,908
Nonvested benefits	<u>322,798</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 71,104,706</u>

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2012 is as follows:

Actuarial present value of accumulated plan benefits – December 31, 2011	\$ 70,262,813
Increase (decrease) during the year attributable to:	
Benefits paid	(4,907,611)
Interest due to decrease in discount period	5,424,918
Assumption changes	(1,959,935)
Benefits accumulated net of actuarial experience	<u>2,284,521</u>
Actuarial present value of accumulated plan benefits – December 31, 2012	<u>\$ 71,104,706</u>

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 3, 2010, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

(Continued)

KAO AMERICA INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 7 - TAX STATUS (Continued)

Subsequent to year end, the Internal Revenue Service determined and informed the Company by a letter dated May 5, 2014, that the Plan and related trust were designed in accordance with the applicable standards of the IRC.

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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS or Department of Labor; 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 2010.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in an unallocated investment contracts managed by Aetna. Aetna is a service provider to the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Aetna were \$8,500 for the years ended December 31, 2013 and 2012.

NOTE 9 - SUBSEQUENT EVENTS

Effective as of January 1, 2014, Oak Brook Enterprises, Inc. adopted the Plan as an affiliated employer.

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2014, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

KAO AMERICA INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor: Kao America, Inc.
Employer Identification Number: 25-0472020
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Mutual Funds</u>				
American Funds		American EuroPacific Growth R4 Fund	\$ 9,545,407	\$ 12,534,694
Brown Brothers		BBH Core Select Harriman Fund (N)	7,819,658	8,663,645
Columbia Management		Columbia Mid Cap Value Z Fund	2,530,651	3,960,632
Dimensional Funds		DFA Emerging Markets Value Institutional	5,635,001	5,322,772
Fidelity Investments		Fidelity Advisor Small Cap Fund A	3,269,341	4,086,200
GMO		GMO Global Balanced AA	12,474,999	12,474,999
Munder Capital		Munder Mid Cap Core Growth A Fund	2,225,598	3,902,919
PIMCO		PIMCO All Asset Fund	5,440,140	5,361,970
PIMCO		PIMCO Long-Term Credit Institutional	47,073,527	40,857,185
Vanguard		Vanguard Institutional Index	<u>13,147,061</u>	<u>15,358,525</u>
			109,161,383	112,523,542
<u>Unallocated Investment Contract</u>				
*Aetna Life Insurance Co	Investment Contract		<u>1,259,501</u>	<u>1,259,501</u>
TOTAL			<u>\$ 110,420,884</u>	<u>\$ 113,783,043</u>

* Party-in-interest

See Independent Auditor's Report

KAO AMERICA INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2013

Name of plan sponsor:
Employer identification:
Three-digit plan number:

Kao America Inc.
52-2064483
002

(a) <u>Identity of Issue or Borrower</u>	(b) <u>Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred with Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
Category (i): A single transaction in excess of 5% of the current value of plan assets:								
Brown Brothers Harriman	BBH Core Select Fund (N)	\$ 7,610,104	\$ -	\$ -	\$ -	\$ 7,610,104	\$ 7,610,104	\$ -
Vanguard	Institutional Index	\$ 15,220,209	\$ -	\$ -	\$ -	\$ 15,220,209	\$ 15,220,209	\$ -
MFS Funds	Value Fund A	\$ -	\$ 10,548,511	\$ -	\$ -	\$ 8,198,378	\$ 10,548,511	\$ 2,350,133
American Funds	The Growth Fund of America R4	\$ -	\$ 9,603,187	\$ -	\$ -	\$ 6,285,063	\$ 9,603,187	\$ 3,318,125
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
Brown Brothers Harriman	BBH Core Select Fund (N)	\$ 7,819,658	\$ -	\$ -	\$ -	\$ 7,819,658	\$ 7,819,658	\$ -
Davis Funds	New York Venture Fund (A)	\$ -	\$ 9,685,547	\$ -	\$ -	\$ 7,790,189	\$ 9,685,547	\$ 1,895,358
American Funds	The Growth Fund of America R4	\$ -	\$ 9,603,187	\$ -	\$ -	\$ 6,285,063	\$ 9,603,187	\$ 3,318,125
MFS Funds	Value Fund A	\$ -	\$ 38,876	\$ -	\$ -	\$ 38,876	\$ 38,876	\$ -
		\$ -	\$ 10,548,511	\$ -	\$ -	\$ 8,198,378	\$ 10,548,511	\$ 2,350,133
Vanguard	Institutional Index	\$ 15,454,868	\$ -	\$ -	\$ -	\$ 15,454,868	\$ 15,454,868	\$ -
		\$ 2,499,394	\$ -	\$ -	\$ -	\$ 2,307,807	\$ 2,499,394	\$ 191,587
PIMCO	Long-Term Credit Inst.	\$ 6,899,324	\$ -	\$ -	\$ -	\$ 6,899,324	\$ 6,899,324	\$ -

See Independent Auditor's Report

Attachment to 2013 Form 5500
 Schedule SB, Line 26 - Schedule of Active Participants Data

KAO AMERICA INC. PENSION PLAN
 EIN / PN: 52-2064483 / 002

CREDITED SERVICE											
AGE	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	0	11	0	0	0	0	0	0	0	0	11
25 - 29	0	42	11	0	0	0	0	0	0	0	53
30 - 34	0	51	51	8	0	0	0	0	0	0	110
35 - 39	0	35	43	18	4	0	0	0	0	0	100
40 - 44	0	29	38	18	8	6	1	0	0	0	100
45 - 49	0	26	36	19	19	14	12	3	0	0	129
50 - 54	0	29	24	28	12	20	17	16	2	0	148
55 - 59	0	10	25	18	12	8	7	9	17	1	107
60 - 64	0	4	6	2	7	4	3	3	7	3	39
65 - 69	0	0	0	1	2	2	2	3	2	2	14
70 +	0	0	0	0	0	0	0	0	0	0	0
Total	0	237	234	112	64	54	42	34	28	6	811

Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with no lookback:	
	First Segment Rate	1.62%
	Second Segment Rate	4.40%
	Third Segment Rate	5.45%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 85%-115% Corridor around the average Segment Rates for the 25-year period ending September 30, 2012, or **4.94%**, **6.15%** and **6.76%**, respectively for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

Effective Interest Rate	6.27%
(Based on MAP-21 rates)	

Prior Year:	Segment Rates with no lookback:	
	First Segment Rate	1.98%
	Second Segment Rate	5.07%
	Third Segment Rate	6.19%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively for minimum funding and benefit restrictions but not for maximum tax-deductible purposes.

Effective Interest Rate	6.99%
(Based on MAP-21 rates)	

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan expenses of \$100,000 were added to the Target Normal Cost

Salary Increases

4.00% per annum

Maximum Benefit

\$205,000 per year at Age 65.

Frequency of optional payment forms

100% of non-retirement eligible terminations and 50% of retirement eligible terminations are expected to choose a lump sum payment. The other 50% of retirement eligible terminations are expected to choose the following: 15% choose a Life Only annuity, 15% choose a Ten-year certain and life annuity, 15% choose a 100% Joint & Survivor annuity and 5% choose a 50% Joint & Survivor annuity.

Marital percentage

80% of participants are assumed to be married at benefit commencement. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Rate
55-56	15%
57-60	7%
61-64	15%
65	60%
66	30%
67+	100%

Withdrawal rates for active participants not eligible for retirement

Specimen rates as follows:

Age	Male	Female
25	10.4%	14.1%
40	3.9%	5.9%
55	0.3%	0.4%

Disability rates

Specimen rates as follows:

Age	Male	Female
25	0.03%	0.03%
40	0.08%	0.13%
55	0.69%	0.64%

Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

Non-Prescribed Funding Assumptions and Methods

Cash Balance Crediting Rate

Current Year:	2.80%
Prior Year:	4.19%

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions, 2/3 and 1/3, of the of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2012 measurement period:	7.52%
2011 measurement period:	6.46%

KAO AMERICA INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2013

Name of plan sponsor:
Employer identification:
Three-digit plan number:

Kao America Inc.
52-2064483
002

(a) <u>Identity of Issue or Borrower</u>	(b) <u>Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred with Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
Category (i): A single transaction in excess of 5% of the current value of plan assets:								
Brown Brothers Harriman	BBH Core Select Fund (N)	\$ 7,610,104	\$ -	\$ -	\$ -	\$ 7,610,104	\$ 7,610,104	\$ -
Vanguard	Institutional Index	\$ 15,220,209	\$ -	\$ -	\$ -	\$ 15,220,209	\$ 15,220,209	\$ -
MFS Funds	Value Fund A	\$ -	\$ 10,548,511	\$ -	\$ -	\$ 8,198,378	\$ 10,548,511	\$ 2,350,133
American Funds	The Growth Fund of America R4	\$ -	\$ 9,603,187	\$ -	\$ -	\$ 6,285,063	\$ 9,603,187	\$ 3,318,125
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
Brown Brothers Harriman	BBH Core Select Fund (N)	\$ 7,819,658	\$ -	\$ -	\$ -	\$ 7,819,658	\$ 7,819,658	\$ -
Davis Funds	New York Venture Fund (A)	\$ -	\$ 9,685,547	\$ -	\$ -	\$ 7,790,189	\$ 9,685,547	\$ 1,895,358
American Funds	The Growth Fund of America R4	\$ -	\$ 9,603,187	\$ -	\$ -	\$ 6,285,063	\$ 9,603,187	\$ 3,318,125
MFS Funds	Value Fund A	\$ -	\$ 38,876	\$ -	\$ -	\$ 38,876	\$ 38,876	\$ -
Vanguard	Institutional Index	\$ 15,454,868	\$ 10,548,511	\$ -	\$ -	\$ 8,198,378	\$ 10,548,511	\$ 2,350,133
PIMCO	Long-Term Credit Inst.	\$ 6,899,324	\$ -	\$ -	\$ -	\$ 15,454,868	\$ 15,454,868	\$ -
						\$ 2,499,394	\$ 2,499,394	\$ 191,587
						\$ 6,899,324	\$ 6,899,324	\$ -

See Independent Auditor's Report

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ Round off amounts to nearest dollar.

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

A Name of plan KAO AMERICA INC. PENSION PLAN	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KAO AMERICA INC.	D Employer Identification Number (EIN) 52-2064483	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	106454382	
b Actuarial value	2b	105006975	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	492	32461790
b For terminated vested participants	3b	1206	20087927
c For active participants:			
(1) Non-vested benefits	3c(1)		1099355
(2) Vested benefits	3c(2)		31695783
(3) Total active	3c(3)	811	32795138
d Total	3d	2509	85344855
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.27%
6 Target normal cost		6	2726190

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>October 7, 2014</u> Date 1405702
DONALD BUNGENSTOCK Type or print name of actuary BUCK CONSULTANTS Firm name 720 E. PETE ROSE WAY, SUITE 300 CINCINNATI OH 45202 Address of the firm		Most recent enrollment number 513-852-1681 Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2013

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	13088893	23097264
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2712183	0
9 Amount remaining (line 7 minus line 8)	10376710	23097264
10 Interest on line 9 using prior year's actual return of <u>13.20%</u>	1369726	3048839
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.99%</u> except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11746436	26146103

Part III Funding Percentages

14 Funding target attainment percentage	14	78.63 %
15 Adjusted funding target attainment percentage	15	123.03 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	2726190
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:			
		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	2726190
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		2726190	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Attachement to 2013 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	437.2773	0.1283	56.0808	3,084.4456
56	417.4853	0.1259	52.5726	2,944.0633
57	381.1366	0.0588	22.4204	1,277.9609
58	371.8331	0.0598	22.2281	1,289.2325
59	360.4374	0.0611	22.0163	1,298.9591
60	343.0119	0.0616	21.1205	1,267.2280
61	331.3287	0.1351	44.7654	2,730.6903
62	290.9368	0.1393	40.5207	2,512.2820
63	255.9671	0.1395	35.7035	2,249.3195
64	220.9657	0.1393	30.7702	1,969.2929
65	188.1258	0.5654	106.3624	6,913.5571
66	87.0778	0.2669	23.2368	1,533.6260
67	64.4243	0.9411	60.6275	4,062.0434
68	5.7743	0.5044	2.9125	198.0489
69	5.8444	0.6757	3.9494	272.5055
70	2.8829	0.6702	1.9323	135.2576
71	0.9445	0.0000	0.0000	0.0000
72	0.9376	1.0000	<u>0.9376</u>	<u>67.5059</u>
Total			548.1568	33,806.0184
Weighted Average Retirement Age = 33,806.0184 / 548.1568				61.67
Rounded Weighted Average Retirement Age				62

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Plan Provisions
KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

Effective Date

November 1, 1961. Latest amendment reflected in the valuation was effective January 1, 2008.

Eligibility

Each Employee becomes a participant on the first day of the calendar month following the first twelve-month Period in which he completes 1,000 hours of service.

Eligibility for benefits

Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of continuous service
Death Benefits	3 years of service
Vested Termination	3 years of service

Amount of Benefits (Cash Balance Formula)

The cash balance account is equal to the sum of a), b) and c) below:

- a) **Initial Cash Balance Account** - The initial cash balance account was determined for each participant as of January 1, 2001 as the sum of two items. First, the present value of the participant's accrued benefit as of December 31, 2000 determined under the Grandfather Benefit (final average pay) formula, commencing at age 65. Second, Transition Credit equal to the participant's years of service as of December 31, 2000 multiplied by the participant's December 31, 2000 average annual compensation multiplied by a percentage based on the participant's service as of December 31, 2000. The percentages are as follows:
- 0.5% for service 5-10 years;
 - 1.0% for service 11-14 years; and
 - 1.5% for service of 15 years or more
- b) **Contribution Credits** - At each December 31, a participant's cash balance account will be credited with an amount equal to 5% of the participant's compensation for the plan year.
- c) **Interest Credits** - At each December 31, a participant's cash balance account will be credited with earnings at the annual interest rate on 30-year Treasury securities for the November preceding the plan year.

The following actuarial equivalent basis will be used for purposes of determining the monthly amount of a Life with Ten-Year Certain annuity equivalent of a participant's Cash Balance Account: 1983 Group Annuity Mortality Table weighted 50% male/50% female and the annual interest rate on 30-year Treasury Securities for the November preceding the plan year in which the distribution will occur.

Amount of Benefits (Old Plan Grandfather Formula)

The plan provisions described below are only applicable to employees who were actively employed on January 1, 2001 and who were born on or before December 31, 1961. These employees will receive the greater of the cash balance benefit or the old plan benefit described below at termination or retirement.

**Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Plan Provisions**

**KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002**

Normal Retirement

The retirement benefit is 1% of average annual compensation for the highest paid five consecutive years of the ten years preceding retirement, times years of credited service up to 35.

In no event shall the benefit be less than that accrued through December 31, 1988, under the prior plan formula.

The minimum monthly benefit is \$10 for each year of credited service up to 35 years.

Early Retirement

The normal retirement benefit accrued to early retirement date is reduced by:

- 3% per year from age 65
- 5% per year from age 60

An employee who retires early with at least 30 years of service will not have his benefit reduced for the first 60 months from age 65.

Disability Eligibility

Any employee with five years of service who qualified for disability payments under the company's long-term disability plan.

Disability Benefit

A normal retirement benefit payable at age 65 based on actual service to date of disability plus $\frac{1}{2}$ of the service he would have received from the date of disability to age 65.

Deferred Vested Retirement

The normal retirement benefit accrued to the date of termination payable at age 65. Payments may begin at age 55 or later, but will be actuarially reduced from age 65.

Preretirement death benefit

With Spouse – A monthly amount payable to survivor equal to 50% of the amount which would have been payable to the employee had he retired the day before death and elected a 50% joint and survivor annuity. Benefit will not be payable before employee would have reached early retirement age.

Without Spouse – A monthly amount payable to the beneficiary equal to the survivor annuity which would have been payable had the employee retired the day before death and elected a 10-year certain and life annuity. The benefit will not be payable before the employee would have reached early retirement age.

Normal Form of Annuity

Without Spouse – Ten-year certain and life annuity

With Spouse – 50% joint and survivor annuity actuarially equivalent to the ten-year certain and life annuity.

**Attachment to 2013 Form 5500
Schedule SB, Part V – Summary of Plan Provisions**

**KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002**

Optional Forms of Annuity

Life annuity; joint and survivor (100%, 75% or 50%); and ten-year certain and life. A lump sum is available under the cash balance formula only.

Definition of Compensation

Total compensation to the extent that the amounts are includable in gross income, plus elective deferrals to the Company's Profit Sharing and Flexible Benefits Plans, less reimbursements or other expense allowances.

KAO AMERICA INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor: Kao America, Inc.
Employer Identification Number: 25-0472020
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Mutual Funds</u>				
American Funds		American EuroPacific Growth R4 Fund	\$ 9,545,407	\$ 12,534,694
Brown Brothers		BBH Core Select Harriman Fund (N)	7,819,658	8,663,645
Columbia Management		Columbia Mid Cap Value Z Fund	2,530,651	3,960,632
Dimensional Funds		DFA Emerging Markets Value Institutional	5,635,001	5,322,772
Fidelity Investments		Fidelity Advisor Small Cap Fund A	3,269,341	4,086,200
GMO		GMO Global Balanced AA	12,474,999	12,474,999
Munder Capital		Munder Mid Cap Core Growth A Fund	2,225,598	3,902,919
PIMCO		PIMCO All Asset Fund	5,440,140	5,361,970
PIMCO		PIMCO Long-Term Credit Institutional	47,073,527	40,857,185
Vanguard		Vanguard Institutional Index	<u>13,147,061</u>	<u>15,358,525</u>
			109,161,383	112,523,542
<u>Unallocated Investment Contract</u>				
*Aetna Life Insurance Co	Investment Contract		<u>1,259,501</u>	<u>1,259,501</u>
TOTAL			<u>\$ 110,420,884</u>	<u>\$ 113,783,043</u>

* Party-in-interest

See Independent Auditor's Report

Attachment to 2013 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions

KAO AMERICA INC. PENSION PLAN
EIN / PN: 52-2064483 / 002

The cash balance interest crediting rate was changed from 4.19% to 2.80%.