

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>AMERICHEM, INC. EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AMERICHEM, INC.</u> <u>2000 AMERICHEM WAY</u> <u>CUYAHOGA FALLS, OH 44221-3309</u>	1c Effective date of plan <u>12/01/1969</u>	2b Employer Identification Number (EIN) <u>34-0127105</u>
	2c Sponsor's telephone number <u>330-929-4213</u>	2d Business code (see instructions) <u>326100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2015</u>	<u>CHRISTA BATTON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address AMERICHEM, INC. 2000 AMERICHEM WAY CUYAHOGA FALLS, OH 44221-3309		3b Administrator's EIN 34-0127105 3c Administrator's telephone number 330-929-4213
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		5 334
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 211
b Retired or separated participants receiving benefits		6b 9
c Other retired or separated participants entitled to future benefits.....		6c 78
d Subtotal. Add lines 6a , 6b , and 6c		6d 298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 3
f Total. Add lines 6d and 6e		6f 301
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 0
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 1I		
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

▶ **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>AMERICHEM, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICHEM, INC.</u>	D Employer Identification Number (EIN) <u>34-0127105</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>10</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>4608272</u>
b Actuarial value	2b <u>4417137</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>9</u> <u>263269</u>
b For terminated vested participants.....	3b <u>102</u> <u>1267627</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>3488241</u>
(3) Total active.....	3c(3) <u>218</u> <u>3488241</u>
d Total.....	3d <u>329</u> <u>5019137</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>6.46</u> %
6 Target normal cost	6 <u>32000</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>06/23/2015</u>
	Signature of actuary	Date
<u>BENJAMIN WANG</u>	Type or print name of actuary	<u>14-07085</u>
		Most recent enrollment number
<u>CHARLES SCHWAB</u>	Firm name	<u>330-908-4580</u>
		Telephone number (including area code)
<u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</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)	218502	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	218502	0
10 Interest on line 9 using prior year's actual return of <u>11.27</u> %	24625	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1380
b Interest on (a) using prior year's effective interest rate of <u>7.17</u> % except as otherwise provided (see instructions)		99
c Total available at beginning of current plan year to add to prefunding balance		1479
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)	243127	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	83.16 %
15 Adjusted funding target attainment percentage	15	83.16 %
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	77.64 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2014	103000	0			
04/15/2014	103000	0			
07/10/2014	80000	0			
10/17/2014	80000	0			
06/12/2015	50000	0			
			Totals ►	18(b)	416000
				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	396850
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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	32000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		845128	357890
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	389890
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		389890
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		396850
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	6960
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 10/01/2013 and ending 09/30/2014

A Name of plan AMERICHEM, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICHEM, INC.	D Employer Identification Number (EIN) 34-0127105	

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
CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

Schwab Retirement Plan Services Inc

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 64	NONE	30057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Charles Schwab & Co., Inc.

94-1737782

(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?
59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

Charles Schwab Bank

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 62 59 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT 11-1111111	SEE ATTACHEMENT	

(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: SS&G, INC.	b EIN: 34-1945695
c Position: ACCOUNTANT	
d Address: 32125 SOLON RD. CLEVELAND, OH 44139	e Telephone: 440-248-8787

Explanation: AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2013, THE PLAN'S FINANCIAL STATEMENTS WERE REPORTED ON BY SS&G, INC., WHOSE PRACTICE WAS COMBINED BY BDO USA, LLP EFFECTIVE JANUARY 1, 2015.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<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 10/01/2013 and ending 09/30/2014		
A Name of plan AMERICHEM, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICHEM, INC.	D Employer Identification Number (EIN) 34-0127105	

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	0	2906
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	95000	130000
(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)	432963	985819
(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)	4080489	3815554
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4608452	4934279

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	4608452	4934279
---	-----------	---------	---------

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)	416000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		416000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	72	
(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)		72
(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)	139765	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		139765
(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)		237626
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		793463

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	437579	
(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)		437579
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)	30057	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30057
j Total expenses. Add all expense amounts in column (b) and enter total	2j		467636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		325827
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: BDO USA, LLP

(2) EIN: 13-5381590

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		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan <u>AMERICHEM, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICHEM, INC.</u>	D Employer Identification Number (EIN) <u>34-0127105</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</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>26</u>

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Americhem, Inc.
Employees' Pension Plan

Financial Statements
Years Ended September 30, 2014 and 2013

Americhem, Inc. Employees' Pension Plan

Financial Statements

Years Ended September 30, 2014 and 2013

Americhem, Inc. Employees' Pension Plan

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Cleveland, OH 44115

Independent Auditor's Report

To the Administrative Committee
Americhem, Inc. Employees' Pension Plan
Cuyahoga Falls, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Americhem, Inc. Employees' Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of September 30, 2014, 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 5, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2014 and for the year then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended September 30, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose 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 these supplemental schedules.

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

The form and content of the information included in the 2014 financial statements and supplemental schedules other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter- 2013 Financial Statements

The 2013 financial statements of the Plan were audited by SS&G, Inc. (SS&G), whose directors and professional staff joined BDO USA, LLP effective January 1, 2015 and has subsequently ceased operations. 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 SS&G not to perform, and they did not perform, any auditing procedures with respect to the information certified by Charles Schwab Trust Company, the trustee of the Plan. SS&G's report, dated July 10, 2015, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, 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.

BDO USA, LLP

July 7, 2015

Financial Statements

Americhem, Inc. Employees' Pension Plan

Statements of Net Assets Available for Benefits

September 30,	2014	2013
Assets		
Investments, at fair value		
Registered investment companies	\$ 3,815,554	\$ 4,080,489
Money market funds	985,819	432,963
Total investments	4,801,373	4,513,452
Cash	2,906	-
Employer receivable	130,000	95,000
Net Assets Available for Benefits	\$ 4,934,279	\$ 4,608,452

See accompanying independent auditor's report and notes to financial statements.

Americhem, Inc. Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year ended September 30,	2014	2013
Additions to Net Assets Attributed to:		
Net appreciation in fair value of investments	\$ 237,626	\$ 348,319
Other income, interest and dividends	139,837	88,691
	377,463	437,010
Employer's contributions	416,000	430,000
	793,463	867,010
Deductions from Net Assets Attributed to:		
Benefits paid to participants	437,579	27,374
Administrative and other expenses	30,057	31,999
	467,636	59,373
Net Increase	325,827	807,637
Net Assets Available for Benefits, beginning of year	4,608,452	3,800,815
Net Assets Available for Benefits, end of year	\$ 4,934,279	\$ 4,608,452

See accompanying independent auditor's report and notes to financial statements.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

1. Plan description

General

The Americhem, Inc. Employees' Pension Plan (Plan), a defined benefit plan, was established to provide retirement benefits for eligible employees of Americhem, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective September 30, 2007, the Company froze all benefit accruals under the Plan and all active employees participating in the Plan became 100% vested. Benefits are payable upon retirement, termination, disability or death. For more complete information regarding the general provisions of the Plan, including the benefits available and vesting provisions, participants should refer to the Plan agreement.

Administration

The Plan is administered by the Company or persons appointed by the Company. The administrator has the responsibility for interpreting the Plan and authorizing disbursements. Charles Schwab Trust Company (Charles Schwab or trustee) receives and holds Plan assets and remits benefits to eligible participants as provided by the Plan.

Contributions

The Company makes contributions which meet or exceed the minimum funding required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and the Internal Revenue Code.

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 set forth by ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, up to the applicable limitations
- B. All other vested benefits (that is, vested benefits not insured by PBGC)
- C. All nonvested benefits

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

2. Summary of significant accounting policies

Basis of presentation

During the Fiscal 2014 year, the Plan changed its basis of accounting from the modified cash basis to the accrual method of accounting. This change in basis of accounting did not result in a change in the net assets for benefits during 2014.

Valuation of investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Benefit distributions

Benefit distributions are recorded when paid to participants.

Expenses of the Plan

During the Plan years ended September 30, 2014 and 2013, the Plan incurred \$30,057 and \$31,999 respectively, in investment advisory expenses and administrative expenses for the trustee's services. Certain other administrative expenses of the Plan are paid by the Company and not reimbursed by the Plan.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities, the reported amounts of additions to and deductions from net assets during the reporting period, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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.

Additionally, the Plan's investment securities are exposed to various risks, such as interest rate and market fluctuations. Due to the level of risk associated with certain investment securities, as well as the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

Evaluation of subsequent events

The Plan has evaluated subsequent events through July 7, 2015, which is the date the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

3. Fair value measurements

The Plan follows the provisions of *Fair Value Measurements and Disclosures*, which defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2014 and 2013.

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

Money market funds: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described on the previous page may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Blend funds	\$ 1,165,720	\$ -	\$ -	\$ 1,165,720
Foreign growth funds	779,289	-	-	779,289
Intermediate-term bond funds	1,251,638	-	-	1,251,638
Growth funds	331,361	-	-	331,361
Value funds	287,546	-	-	287,546
Total registered investment companies	3,815,554	-	-	3,815,554
Money market funds	985,819	-	-	985,819
Balance at September 30, 2014	<u>\$ 4,801,373</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,801,373</u>

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Blend funds	\$ 1,194,472	\$ -	\$ -	\$ 1,194,472
Foreign growth funds	841,701	-	-	841,701
Intermediate-term bond funds	1,346,243	-	-	1,346,243
Growth funds	352,506	-	-	352,506
Value funds	<u>345,567</u>	<u>-</u>	<u>-</u>	<u>345,567</u>
Total registered investment companies	4,080,489	-	-	4,080,489
Money market funds	<u>432,963</u>	<u>-</u>	<u>-</u>	<u>432,963</u>
Balance at September 30, 2013	<u>\$ 4,513,452</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,513,452</u>

4. Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, Charles Schwab (actuary), retained by the Company. The present value amount results from applying actuarial assumptions in order 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.

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

The more significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits at October 1, 2013 and October 1, 2012 (the date of the most recent valuations), and the Company's annual contributions are as follows:

	October 1,	
	<u>2013</u>	<u>2012</u>
Actuarial cost method	Projected unit credit	Projected unit credit
Discount rate	4.28% per annum	4.83% per annum
Rate of return on assets	7.00% per annum	7.00% per annum
Annual rate of salary increase	N/A	N/A
Life expectancy of participants	2013 IRS Static Mortality Table	2012 IRS Static Mortality Table
Normal retirement age	Age 65	Age 65

The actuarially computed value of accumulated plan benefits at the beginning of the Plan years (the date of the most recent valuations) are as follows:

	October 1,	
	<u>2013</u>	<u>2012</u>
Present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 246,657	\$ 127,505
Other participants	4,369,709	4,752,085
	4,616,366	4,879,590
Nonvested benefits	-	-
Total present value of accumulated plan benefits	\$ 4,616,366	\$ 4,879,590

The changes in accumulated plan benefits for the fiscal years ended are as follows:

	October 1,	
	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits, beginning of fiscal year	\$ 4,879,590	\$ 4,545,822
Increase (decrease) during the period attributable to:		
Benefits accumulated and actuarial (losses) gains	(585,001)	21,248
Increase for interest due to the decrease in the discount period	340,613	317,748
Benefits paid	(27,374)	(13,131)
Change in actuarial assumptions	8,538	7,903
Actuarial present value of accumulated plan benefits, end of fiscal year	\$ 4,616,366	\$ 4,879,590

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

5. Investments (unaudited)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2014 and 2013, and the net appreciation in fair value of investments and other income, interest and dividends for the years ended September 30, 2014 and 2013, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan, Charles Schwab.

Investments included in registered investment companies and money market funds on the Statements of Net Assets Available for Benefits that represent 5% or more of the Plan's net assets are separately identified as of September 30:

	<u>2014</u>	<u>2013</u>
PIMCO Total Return – Instl Class	\$ 1,251,638	\$ 1,346,243
Schwab S&P 500 Index Fund – Select S	1,165,720	1,194,472
Schwab's Value Advantage Money Fund	985,819	432,963
Hartford International Opp Hls IA	433,226	-
American Funds Europacific Growth R6	346,063	420,492
RidgeWorth Mid Cap Value – Eq I	*	259,014
Morgan Stanley Mid Cap Gr I	*	258,193
Thornburg Intl Value FD CL R-5	-	421,209

*Represents less than 5% of the Plan's net assets.

The net appreciation in the fair value of the Plan's investments for the years ended September 30, 2014 and 2013 was \$237,626 and \$348,319, respectively.

6. Tax status of the Plan

The Internal Revenue Service has determined and informed the Plan by a letter dated June 16, 2005, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2014 and 2013, 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to fiscal 2011.

See accompanying independent auditor's report.

Americhem, Inc. Employees' Pension Plan

Notes To Financial Statements

7. Parties-in-interest transactions

Certain Plan investments are shares of mutual funds managed by Charles Schwab, the trustee of the Plan. Transactions within these funds are allowable party-in-interest transactions under Section 408 of ERISA.

See accompanying independent auditor's report.

Supplementary Information

Americhem, Inc. Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: # 34-0127105

PLAN NO: 001

September 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at September 30, 2014
*	Schwab Value Advantage Money Fund	Money market funds	\$ 985,819	\$ 985,819
	PIMCO Total Return - Instl Class	Registered investment companies	1,283,153	1,251,638
*	Schwab S&P 500 Index Fund - Select S	Registered investment companies	725,480	1,165,720
	Hartford International Opp Hls IA	Registered investment companies	454,203	433,226
	American Funds Europacific Growth R6	Registered investment companies	282,372	346,063
	Morgan Stanley Mid Cap Gr I	Registered investment companies	160,988	220,674
	Ridgeworth Mid Cap Value - Eq I	Registered investment companies	190,063	216,897
	Prudential Jennison Small Co CL Z	Registered investment companies	74,214	110,687
	Victory Small Company Opportunity - CL I	Registered investment companies	62,175	70,649
	Total Investments		\$ 4,218,467	\$ 4,801,373

* Indicates party-in-interest to the Plan

*See accompanying independent auditor's
report and notes to the financial statements.*

Americhem, Inc. Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: # 34-0127105
PLAN NO: 001

September 30, 2014

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or Loss
PIMCO Investments LLC	PIMCO Total Return Instl Class							
	15,472 units Purchased	167,709	N/A	N/A	N/A	167,709	167,709	-
	24,748 units Sold	N/A	270,000	N/A	N/A	275,894	270,000	(5,894)
* Charles Schwab Trust Company	Schwab S&P 500 Index Fund - Select S							
	3,219 units Purchased	92,614	N/A	N/A	N/A	92,614	92,614	-
	10,864 units Sold	N/A	332,000	N/A	N/A	208,966	332,000	123,034
* Charles Schwab Trust Company	Schwab Value Advantage Money Fund							
	1,221,399 units Purchased	1,221,399	N/A	N/A	N/A	1,221,399	1,221,399	-
	668,542 units Sold	N/A	668,542	N/A	N/A	668,542	668,542	-
Hartford International	Hartford International Opp Hls IA							
	30,043 units Purchased	454,203	N/A	N/A	N/A	454,203	454,203	-
	0 units Sold	N/A	N/A	N/A	N/A	N/A	N/A	-
Thornburg	Thornburg Intl Value FD Cl R5							
	580 units Purchases	17,907	N/A	N/A	N/A	17,907	17,907	-
	14,296 units Sold	N/A	437,443	N/A	N/A	371,710	437,443	65,733

* Indicates party-in-interest to the Plan

See accompanying independent auditor's report and notes to the financial statements.

Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/Plan No 34 - 0127105 / 001

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	1	-	-	-	-	-	-	-	1
30 to 34	-	-	5	5	2	-	-	-	-	-	12
35 to 39	-	-	1	12	9	2	-	-	-	-	24
40 to 44	-	-	4	10	10	14	1	-	-	-	39
45 to 49	-	-	3	3	7	17	7	-	-	-	37
50 to 54	-	-	3	9	7	11	14	6	-	-	50
55 to 59	-	-	3	3	2	6	9	6	10	-	39
60 to 64	-	-	-	3	2	1	-	2	1	2	11
65 to 69	-	-	-	2	-	-	-	-	-	2	4
over 70	-	-	-	-	-	-	-	-	-	1	1
Total	-	-	20	47	39	51	31	14	11	5	218

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/Plan No 34 - 0127105 / 001

A summary of the actuarial methods used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006. For ASC 960, the actuarial cost method used in this report is the unit credit method as defined by ASC 960.

Asset Method – Valuation Assets are based on the “Averaging Method”, as outlined by the IRS Notice 2009-22, including adjustment for expected earnings for the last two years. The averaging is over the two years prior to the valuation date. For ASC 960, the Market Value of Assets represents the Market Value of Assets plus non-discounted receivable contributions.

A summary of the actuarial assumptions used in the valuation is presented below:

Investment Return - ASC 960, the assumed discount rate is 7.00% for 10/1/2013. For ERISA contribution requirements, the assumed discount rates on benefits paid in the future are based on the October 2013 PPA Segments rates:

Funding Target Discount Rates –

The assumed discount rates on benefits paid in the future are based on PPA Segment rates provided through MAP 21 relief regulation:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	4.94%	During first 5 years from the valuation date.
2	6.15%	During years 6-20 from the valuation date.
3	6.76%	During years 21 and beyond from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target, and is 6.46% for 2013. For the 2012 valuation, the October 2012 PPA Segment rates reflecting the funding relief under MAP 21 were used (Effective Rate of 7.17%) for minimum funding purpose.

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations were as follows:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	1.35%	During first 5 years from the valuation date.
2	4.05%	During years 6-20 from the valuation date.
3	5.05%	During years 21 and beyond from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target for this purpose, and is 4.61% for 2013.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/Plan No 34 - 0127105 / 001

Mortality for Lump Sums – The 2013 “applicable mortality” as defined under IRS Code 417(e).

Mortality for Active and Non - Disabled Inactive Participants – The 2013 IRS Static Mortality Table.

Retirement Decrement – All those not in pay status are assumed to retire upon attainment of Normal Retirement Date or on the valuation date if greater.

Expense Load – Administration fees of \$32,000 are expected to be paid from the invested plan assets.

Annual Increase Rates (where applicable):

- Salary	n/a
- Maximum Compensation Limits	n/a
- Maximum Benefit Limits	n/a
- Social Security Wage Base	n/a

Termination Decrements – The 2003 SOA Turnover Table is used.

Disablement Decrements – None

Percent Married - 65% of employees are assumed to be married.

Age of Spouse – Males are 3 years older than females.

Form of Payment – All participants are assumed to elect annuities.

Americhem, Inc. Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: # 34-0127105
PLAN NO: 001

September 30, 2014

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Assets on Transaction Date	Net Gain or Loss
PIMCO Investments LLC	PIMCO Total Return Instl Class							
	15,472 units Purchased	167,709	N/A	N/A	N/A	167,709	167,709	-
	24,748 units Sold	N/A	270,000	N/A	N/A	275,894	270,000	(5,894)
* Charles Schwab Trust Company	Schwab S&P 500 Index Fund - Select S							
	3,219 units Purchased	92,614	N/A	N/A	N/A	92,614	92,614	-
	10,864 units Sold	N/A	332,000	N/A	N/A	208,966	332,000	123,034
* Charles Schwab Trust Company	Schwab Value Advantage Money Fund							
	1,221,399 units Purchased	1,221,399	N/A	N/A	N/A	1,221,399	1,221,399	-
	668,542 units Sold	N/A	668,542	N/A	N/A	668,542	668,542	-
Hartford International	Hartford International Opp Hls IA							
	30,043 units Purchased	454,203	N/A	N/A	N/A	454,203	454,203	-
	0 units Sold	N/A	N/A	N/A	N/A	N/A	N/A	-
Thornburg	Thornburg Intl Value FD Cl R5							
	580 units Purchases	17,907	N/A	N/A	N/A	17,907	17,907	-
	14,296 units Sold	N/A	437,443	N/A	N/A	371,710	437,443	65,733

* Indicates party-in-interest to the Plan

See accompanying independent auditor's report and notes to the financial statements.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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.	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 10/01/2013 and ending 09/30/2014

► 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 AMERICHEM, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICHEM, INC.	D Employer Identification Number (EIN) 34-0127105	
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>10</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	4608272	
b Actuarial value	2b	4417137	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	9	263269
b For terminated vested participants	3b	102	1267627
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		3488241
(3) Total active	3c(3)	218	3488241
d Total	3d	329	5019137
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	6.46%	
6 Target normal cost	6	32000	

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>6/23/2015</u> Date 1407085
BENJAMIN WANG Type or print name of actuary		Most recent enrollment number 330-908-4580
CHARLES SCHWAB Firm name		Telephone number (including area code)
4150 KINROSS LAKES PARKWAY RICHFIELD OH 44286 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

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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	32000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		845128	357890
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	389890
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	389890	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	396850	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6960	
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		

Americhem, Inc. Employees' Pension Plan
Schedule C, Part 1, Line 3- Service Provider Indirect Compensation Information
September 30, 2014

EIN: 34-0127105

EIN: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	06-1349805	Rate of 0.02% of average daily balance of asset(s)
Morgan Stanley	36-3145972	Rate of 0.10% of average daily balance of asset(s)
Prudential Investments	22-3703799	Rate of 0.25% of average daily balance of asset(s)
RidgeWorth	58-1604573	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
Victory	Not Available	Rate of 0.15% of average daily balance of asset(s)

Received by Charles Schwab Bank (EIN#42-1558009)

Fund Family/Provider	EIN	Formula
Hartford Mutual Funds	13-3317783	Rate of 0.10% of average daily balance of asset(s)

Schedule SB, line 19 - Discounted Employer Contributions
EIN/Plan No 34 - 0127105 / 001

Val Date 10/01/2013
Effective Rate 6.46%
Increased
Rate for Late
Quarterly
Installment N/A

Contribution Date	Contribution Due Date	Contribution Amount	Discounted Contribution Amount	Plan Year to Which the contribution is Applied
01/15/2014	01/15/2014	\$ 103,000	\$ 101,144	2013
04/15/2014	04/15/2014	\$ 103,000	\$ 99,595	2013
07/10/2014	07/10/2014	\$ 80,000	\$ 76,223	2013
10/17/2014	10/17/2014	\$ 15,096	\$ 14,141	2013
10/17/2014	10/15/2014	\$ 64,904	\$ 60,783	2013
06/12/2015	06/12/2015	\$ 50,000	\$ 44,964	2013
Total		\$ 416,000	\$ 396,850	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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.	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 10/01/2013 and ending 09/30/2014

► 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 AMERICHEM, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICHEM, INC.	D Employer Identification Number (EIN) 34-0127105	
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>10</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	4608272	
b Actuarial value	2b	4417137	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	9	263269
b For terminated vested participants	3b	102	1267627
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		3488241
(3) Total active	3c(3)	218	3488241
d Total	3d	329	5019137
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	6.46%	
6 Target normal cost	6	32000	

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>6/23/2015</u> Date 1407085
BENJAMIN WANG Type or print name of actuary		Most recent enrollment number 330-908-4580
CHARLES SCHWAB Firm name		Telephone number (including area code)
4150 KINROSS LAKES PARKWAY RICHFIELD OH 44286 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

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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	32000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		845128	357890
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	389890
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	389890	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	396850	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6960	
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 SB, line 19 - Discounted Employer Contributions
EIN/Plan No 34 - 0127105 / 001

Val Date 10/01/2013
Effective Rate 6.46%
Increased
Rate for Late
Quarterly
Installment N/A

Contribution Date	Contribution Due Date	Contribution Amount	Discounted Contribution Amount	Plan Year to Which the contribution is Applied
01/15/2014	01/15/2014	\$ 103,000	\$ 101,144	2013
04/15/2014	04/15/2014	\$ 103,000	\$ 99,595	2013
07/10/2014	07/10/2014	\$ 80,000	\$ 76,223	2013
10/17/2014	10/17/2014	\$ 15,096	\$ 14,141	2013
10/17/2014	10/15/2014	\$ 64,904	\$ 60,783	2013
06/12/2015	06/12/2015	\$ 50,000	\$ 44,964	2013
Total		\$ 416,000	\$ 396,850	

SECTION V

SHORTFALL AMORTIZATION CHARGES (continued)

<u>Date Established</u>	<u>Annual Installment</u>	<u>Years Remaining</u>	<u>Balance Outstanding¹</u>
10/01/2007	N/A	1	N/A
10/01/2008	0	2	0
10/01/2009	360,527	3	1,031,465
10/01/2010	38,911	4	144,995
10/01/2011	132,815	5	604,428
10/01/2012	(155,943)	6	(825,389)
<hr/>			
Total for bases existing prior to the valuation date	376,310		955,499
10/01/2013	(18,420)	7	(110,371)
<hr/>			
Total for all bases	357,890		845,128

¹ The balance outstanding for each installment is based on the present value using the PPA segment rates (4.94% for installments to be made during the next 5 years and 6.15% for the installments to be made during the following 2 years.).

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/Plan No 34 - 0127105 / 001

All those not in pay status are assumed to retire upon attainment of Normal Retirement Date or on the valuation date if greater

Schedule SB, Line 24 – Change in Actuarial Assumptions
EIN/Plan No 34 - 0127105 / 001

Changes since prior valuation

For this report, the SOA 2003 Turnover Table is used to determine employee termination rates. Previously, the Table T-3 was used.

Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/Plan No 34 - 0127105 / 001

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	1	-	-	-	-	-	-	-	1
30 to 34	-	-	5	5	2	-	-	-	-	-	12
35 to 39	-	-	1	12	9	2	-	-	-	-	24
40 to 44	-	-	4	10	10	14	1	-	-	-	39
45 to 49	-	-	3	3	7	17	7	-	-	-	37
50 to 54	-	-	3	9	7	11	14	6	-	-	50
55 to 59	-	-	3	3	2	6	9	6	10	-	39
60 to 64	-	-	-	3	2	1	-	2	1	2	11
65 to 69	-	-	-	2	-	-	-	-	-	2	4
over 70	-	-	-	-	-	-	-	-	-	1	1
Total	-	-	20	47	39	51	31	14	11	5	218

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/Plan No 34 - 0127105 / 001

A summary of the actuarial methods used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006. For ASC 960, the actuarial cost method used in this report is the unit credit method as defined by ASC 960.

Asset Method – Valuation Assets are based on the “Averaging Method”, as outlined by the IRS Notice 2009-22, including adjustment for expected earnings for the last two years. The averaging is over the two years prior to the valuation date. For ASC 960, the Market Value of Assets represents the Market Value of Assets plus non-discounted receivable contributions.

A summary of the actuarial assumptions used in the valuation is presented below:

Investment Return - ASC 960, the assumed discount rate is 7.00% for 10/1/2013. For ERISA contribution requirements, the assumed discount rates on benefits paid in the future are based on the October 2013 PPA Segments rates:

Funding Target Discount Rates –

The assumed discount rates on benefits paid in the future are based on PPA Segment rates provided through MAP 21 relief regulation:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	4.94%	During first 5 years from the valuation date.
2	6.15%	During years 6-20 from the valuation date.
3	6.76%	During years 21 and beyond from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target, and is 6.46% for 2013. For the 2012 valuation, the October 2012 PPA Segment rates reflecting the funding relief under MAP 21 were used (Effective Rate of 7.17%) for minimum funding purpose.

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations were as follows:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments expected:</u>
1	1.35%	During first 5 years from the valuation date.
2	4.05%	During years 6-20 from the valuation date.
3	5.05%	During years 21 and beyond from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target for this purpose, and is 4.61% for 2013.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/Plan No 34 - 0127105 / 001

Mortality for Lump Sums – The 2013 “applicable mortality” as defined under IRS Code 417(e).

Mortality for Active and Non - Disabled Inactive Participants – The 2013 IRS Static Mortality Table.

Retirement Decrement – All those not in pay status are assumed to retire upon attainment of Normal Retirement Date or on the valuation date if greater.

Expense Load – Administration fees of \$32,000 are expected to be paid from the invested plan assets.

Annual Increase Rates (where applicable):

- Salary	n/a
- Maximum Compensation Limits	n/a
- Maximum Benefit Limits	n/a
- Social Security Wage Base	n/a

Termination Decrements – The 2003 SOA Turnover Table is used.

Disablement Decrements – None

Percent Married - 65% of employees are assumed to be married.

Age of Spouse – Males are 3 years older than females.

Form of Payment – All participants are assumed to elect annuities.

Schedule SB, Part V - Summary of Plan Provisions
EIN/Plan No 34 - 0127105 / 001

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – The Americhem, Inc. Employees' Pension Plan was established December 1, 1969.

Participation Date – No Employee not already a participant on or prior to September 30, 2007 or hired/rehired after September 30, 2007 shall become a participant after September 30, 2007.

Definitions:

Accrued Benefit – Accrued benefits were provided based on plan formulas in effect on September 30, 2007.

Vesting – All participants were fully vested in the benefits earned as of September 30, 2007.

Year of Service – No further service will be earned after September 30, 2007.

Compensation – No compensation earned after September 30, 2007 is considered.

Average Monthly Compensation – The average as of September 30, 2007 is the average used in the Accrued Benefit calculation.

Covered Compensation – The average of Social Security Taxable Wage Base for 35 years ending with Social Security Normal Retirement Age based on September 30, 2007 levels.

Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

Early Retirement Date (NRD) – The first of the month coincident with or next following age 55 with 15 Years of Service.

Eligibility for Benefits –

Normal Retirement:	Retirement from active service on NRD.
Early Retirement:	Retirement from active service on ERD
Deferred Vested:	Termination, for reasons other than death, disability or retirement, after becoming vested.
Preretirement Spouse Benefit:	Death while eligible for benefits.

Schedule SB, Part V - Summary of Plan Provisions
EIN/Plan No 34 - 0127105 / 001

Monthly Benefits Paid Upon the Following Events –

Normal Retirement Benefit (NRB):	Payable at NRD based on Accrued Benefit.
Early Retirement Benefit:	Payable at ERD based on Accrued Benefit reduced using Actuarial Equivalence.
Termination with Deferred Vested Benefit:	Generally, payable at NRD based on Accrued Benefit. However, the plan offers lump sums which make this benefit immediately available based on Actuarial Equivalence reductions.
Death Benefits (Pre-Retirement)	Surviving spouse will receive a monthly benefit equal to the retirement income such survivor would have received had the participant lived until the benefit commencement date, elected the Qualified Joint and Survivor Annuity, and died.

Forms of Benefit –

Normal Form of Payment:	The normal form of payment is <ul style="list-style-type: none">- the 120 Months Certain and Life Annuity option for single participants- a 50% Qualified Joint and Survivor Annuity option for married participants
Optional Form of Payments:	Optional forms are as follows: <ul style="list-style-type: none">- a Single Life Annuity- 60, or 120 Months Certain and Life Annuity- a 50%, 75% and 100% Contingent Annuity- a Social Security Level Annuity- a Lump Sum

Benefit Limitations –

Maximum on Benefits and Pay:	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.
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Schedule SB, Part V - Summary of Plan Provisions
EIN/Plan No 34 - 0127105 / 001

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Normal Retirement Date (NRD) – The first of the month coincident with or next following age 65.

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Normal Retirement:	Retirement from active service on NRD.
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Schedule SB, Part V - Summary of Plan Provisions
EIN/Plan No 34 - 0127105 / 001

Monthly Benefits Paid Upon the Following Events –

Normal Retirement Benefit (NRB):	Payable at NRD based on Accrued Benefit.
Early Retirement Benefit:	Payable at ERD based on Accrued Benefit reduced using Actuarial Equivalence.
Termination with Deferred Vested Benefit:	Generally, payable at NRD based on Accrued Benefit. However, the plan offers lump sums which make this benefit immediately available based on Actuarial Equivalence reductions.
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Forms of Benefit –

Normal Form of Payment:	The normal form of payment is <ul style="list-style-type: none">- the 120 Months Certain and Life Annuity option for single participants- a 50% Qualified Joint and Survivor Annuity option for married participants
Optional Form of Payments:	Optional forms are as follows: <ul style="list-style-type: none">- a Single Life Annuity- 60, or 120 Months Certain and Life Annuity- a 50%, 75% and 100% Contingent Annuity- a Social Security Level Annuity- a Lump Sum

Benefit Limitations –

Maximum on Benefits and Pay:	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.
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Americhem, Inc. Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: # 34-0127105

PLAN NO: 001

September 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at September 30, 2014
*	Schwab Value Advantage Money Fund	Money market funds	\$ 985,819	\$ 985,819
	PIMCO Total Return - Instl Class	Registered investment companies	1,283,153	1,251,638
*	Schwab S&P 500 Index Fund - Select S	Registered investment companies	725,480	1,165,720
	Hartford International Opp Hls IA	Registered investment companies	454,203	433,226
	American Funds Europacific Growth R6	Registered investment companies	282,372	346,063
	Morgan Stanley Mid Cap Gr I	Registered investment companies	160,988	220,674
	Ridgeworth Mid Cap Value - Eq I	Registered investment companies	190,063	216,897
	Prudential Jennison Small Co CL Z	Registered investment companies	74,214	110,687
	Victory Small Company Opportunity - CL I	Registered investment companies	62,175	70,649
	Total Investments		\$ 4,218,467	\$ 4,801,373

* Indicates party-in-interest to the Plan

*See accompanying independent auditor's
report and notes to the financial statements.*

SECTION V

SHORTFALL AMORTIZATION CHARGES (continued)

<u>Date Established</u>	<u>Annual Installment</u>	<u>Years Remaining</u>	<u>Balance Outstanding¹</u>
10/01/2007	N/A	1	N/A
10/01/2008	0	2	0
10/01/2009	360,527	3	1,031,465
10/01/2010	38,911	4	144,995
10/01/2011	132,815	5	604,428
10/01/2012	(155,943)	6	(825,389)
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Total for bases existing prior to the valuation date	376,310		955,499
10/01/2013	(18,420)	7	(110,371)
<hr/>			
Total for all bases	357,890		845,128

¹ The balance outstanding for each installment is based on the present value using the PPA segment rates (4.94% for installments to be made during the next 5 years and 6.15% for the installments to be made during the following 2 years.).

Schedule SB, Line 24 – Change in Actuarial Assumptions
EIN/Plan No 34 - 0127105 / 001

Changes since prior valuation

For this report, the SOA 2003 Turnover Table is used to determine employee termination rates. Previously, the Table T-3 was used.