Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONCOTE CORPORATION 401K PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1992

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

600 FREEPORT PARKWAY
COPPELL, TX 75019

2b Employer Identification Number (EIN)
75-1324820

2c Plan Sponsor's telephone number
214-956-0077

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/27/2015	ROBERT HANTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	152
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	134
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	144
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
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:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CONCOTE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1324820

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	ZH9576	154	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
13608	0

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

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

GENEOS WEALTH MANAGEMENT INC
9055 E MINERAL CIR STE 200
CENTENNIAL, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13608			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	369785
5	Current value of plan's interest under this contract in separate accounts at year end	5	5259989

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	667705
c	Additions: (1) Contributions deposited during the year	7c(1)	21912		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5671		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	27583
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	695288
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	159896		
	(2) Administration charge made by carrier	7e(2)	250		
	(3) Transferred to separate account	7e(3)	158923		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	319069
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	376219

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CONCOTE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1324820

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	1150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CONCOTE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1324820

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	5259989

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CONCOTE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1324820

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4611777	5259989
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	667705	376219
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5279482	5636208
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5279482	5636208

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)	132904	
	(B) Participants	2a(1)(B)	211806	
	(C) Others (including rollovers)	2a(1)(C)	2492	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		347202
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	5671	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5671
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		391725
(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)		
c Other income	2c		-496
d Total income. Add all **income** amounts in column (b) and enter total	2d		744102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	386226	
(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)		386226
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)	1150	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1150
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		387376
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		356726
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CONCOTE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1324820

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Concote Corporation 401(k) Plan

Financial Statements and
Supplemental Schedules
As of December 31, 2014 and 2013
and for the year ended December 31, 2014

This report was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Concote Corporation 401(k) Plan

Financial Statements and Supplemental Schedules
As of December 31, 2014 and 2013
and for the year ended December 31, 2014

Concote Corporation 401(k) Plan

Contents

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits - as of December 31, 2014 and 2013 3

Statement of Changes in Net Assets Available for Benefits - for the year ended December 31, 2014 4

Notes to Financial Statements 5

Supplemental Schedules

Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 14

Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 15

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www.bdo.com

6050 Southwest Blvd, Suite 300
Fort Worth, Texas 76109

Independent Auditor's Report

To the Advisory Committee
Concote Corporation 401(k) Plan
Coppell, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Concote Corporation 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2014, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodian 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, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 and Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 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.

Other Matter – 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors Hartman Leito & Bolt, LLP, who combined with BDO USA, LLP as of June 1, 2014. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform any auditing procedures with respect to the Information certified by ING Life Insurance and Annuity Company, the custodian of the Plan. Their report, dated July 17, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

The form and content of the information included in the December 31, 2014 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Fort Worth, Texas
August 21, 2015

Concote Corporation 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	**2014**	2013
Assets		
Investments, at fair value:		
Money market account	**$ 67**	$ -
Pooled separate accounts	**5,259,922**	4,611,777
Investment contract with insurance company	**369,786**	659,712
Net assets available for benefits at fair value	**5,629,775**	5,271,489
Adjustment from fair value to contract value for fully benefit-responsive investment contract	**6,433**	7,993
Net assets available for benefits at contract value	**$ 5,636,208**	$ 5,279,482

See accompanying notes to financial statements.

Concote Corporation 401(k) Plan

Statement of Changes Net Assets Available for Benefits

Year ended December 31,		**2014**
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$**	**390,169**
Interest and dividend income		**6,731**
Total investment income		**396,900**
Contributions:		
Participants		**211,806**
Employer		**132,904**
Rollovers		**2,492**
Total contributions		**347,202**
Total additions		**744,102**
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		**386,226**
Administrative expenses		**1,150**
Total deductions		**387,376**
Net increase		**356,726**
Net assets available for benefits, beginning of year		**5,279,482**
Net assets available for benefits, end of year	**$**	**5,636,208**

See accompanying notes to financial statements.

1. Description of the Plan

General

The Concote Corporation 401(k) Plan (the Plan) is a defined contribution plan established effective July 1, 1992, as amended and restated on January 1, 2012 to provide retirement, disability, and death benefits for qualified employees of Concote Corporation (the Company) and its affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Administration

The Plan is administered by a committee (the Advisory Committee) whose members are elected by the Company's board of directors. Voya Retirement Insurance and Annuity Company (Voya or the Custodian) serves as custodian of the Plan.

Eligibility

The Plan covers all full-time employees of the Company who have one year (or 1,000 hours) of service and are age twenty-one or older. Eligible plan participants may begin making contributions as of January 1 or July 1 upon meeting eligibility requirements.

Contributions

The Plan provides that participants may contribute from 1% to 100% of pretax annual compensation, as defined by the Plan document, not exceeding the Internal Revenue Service (IRS) limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and an insurance investment contract as investment options for participants.

The Company contributes a safe harbor matching contribution equal to 100% of the first 3% of base compensation that a participant contributes to the Plan plus 50% of the next 2% of base compensation that a participant contributes to the Plan. Additionally, profit sharing and discretionary match amounts may be contributed at the option of the Company's board of directors and is based on each participant's compensation. The Company did not make a profit sharing contribution or discretionary match contribution to the Plan during 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, and allocations of Plan earnings and expenses, if applicable. Allocations are based on participant account balances or earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions and employer safe harbor match contributions plus actual earnings thereon. Vesting in the Company's discretionary match and profit sharing contributions portion of their accounts is based on years of continuous service. A participant is 100% vested in Company contributions according to the following schedule:

Years of Service	Safe Harbor Match	Non Safe Harbor Match	Profit Sharing
Less than 2	100%	0%	0%
2	100%	20%	20%
3	100%	40%	40%
4	100%	60%	60%
5	100%	80%	80%
6	100%	100%	100%

Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested account balances totaled $9,983 and $10,795, respectively. These accounts will be used to pay expenses of the plan and to reduce future employer contributions. During 2014, $1,740 of forfeitures were utilized to reduce employer contributions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or partial distributions of a minimum of $1,000. Hardship withdrawals are permitted from elective contributions, however, safe harbor suspensions apply.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

The Plan's administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and Custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

As described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) topic *Plan Accounting – Defined Contribution Pension Plans,* investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan invests in a group annuity contract through an insurance company general account. As required by the FASB ASC guidance, the statements of net assets available for benefits presents the fair value of the investment in the group annuity contract as well as the adjustment of the investment in the group annuity contract from fair value to contract value relating to the underlying investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS, if any, are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions for the year ended December 31, 2014 or 2013.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in expenses. Investment related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

3. Information Certified by Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- Investments as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013;
- Total investment income, as reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014 as follows:

Year ended December 31,	**2014**
Interest and dividend income	**$ 6,731**
Net appreciation in fair value of investments	**390,169**

- Investment values disclosed in Note 5;
- Investment information disclosed in Note 4 and 6; and
- Investments, as reflected in the Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

4. Investments

The following presents investments that represent 5% or more of net assets available for benefits as of:

December 31	**2014**	2013
Investment contract with insurance & annuity company	**$ 369,786**	$ 659,712
American Funds AM Balanced R3	**3,426,248**	3,000,332
Voya U.S. Stock Index Portfolio Adv	**291,920**	**
Total investments greater than 5%	**4,087,954**	3,660,044
Total investments less than 5%	**1,541,821**	1,611,445
Total Investments	**$ 5,629,775**	$ 5,271,489

** Investment did not exceed 5% of assets available for benefits.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $390,169 as follows for the year ended December 31, 2014:

December 31,		**2014**
Pooled separate accounts	**$**	**390,167**
Money market fund		**2**
Net appreciation in fair value of investments	**$**	**396,169**

5. Fair Value Measurements

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

The three levels of the fair value hierarchy under ASC topic are described as follows:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Interest Bearing Cash Equivalent (Money Market Fund)

Valued at quoted prices in active markets of the net asset value of shares held by the Plan at year end and are classified in Level 1 of the fair value hierarchy.

Pooled Separate Accounts:

Investments in pooled separate accounts are valued at the net asset values (NAV) of units held by the Plan as reported by the investment manager of the fund. The net asset values are based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV's unit price of the pooled separate accounts is not quoted on any market but is used as a practical expedient to estimate fair value. The underlying assets are valued based on the fair value of the listed securities or upon pricing from observable market information in a non-active market as determined by the investment account manager and are classified in Level 2 of the fair value hierarchy.

Investment Contract with Insurance Company:

The investment contract with the insurance company is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer and is classified in Level 2 of the fair value hierarchy.

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

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Investment Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large Cap Value	**$ -**	**$ 365,063**	**$ -**	**$ 365,063**
Large Cap Growth	**-**	**273,185**	**-**	**273,185**
Small/Mid/Specialty	**-**	**315,572**	**-**	**315,572**
Global/International	**-**	**258,248**	**-**	**258,248**
Asset Allocation	**-**	**256,068**	**-**	**256,068**
Balanced	**-**	**3,541,950**	**-**	**3,541,950**
Bonds	**-**	**249,836**	**-**	**249,836**
Interest bearing cash equivalent (money market funds)	**67**	**-**	**-**	**67**
Investment contract with insurance company	**-**	**369,786**	**-**	**369,786**
Total assets at fair value	**$ 67**	**$ 5,629,708**	**$ -**	**$ 5,629,775**

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large Cap Value	$ -	$ 295,184	$ -	$ 295,184
Large Cap Growth	-	241,591	-	241,591
Small/Mid/Specialty	-	260,017	-	260,017
Global/International	-	231,771	-	231,771
Asset Allocation	-	225,810	-	225,810
Balanced	-	3,135,590	-	3,135,590
Bonds	-	221,814	-	221,814
Investment contract with insurance company	-	659,712	-	659,712
Total assets at fair value	$ -	$ 5,271,489	$ -	$ 5,271,489

Fair Value of Measurements in Entities that use Net Asset Value

The fair value of the pooled separate accounts based on NAV per share as of December 31, 2014 and 2013 is $5,259,922 and $4,611,777, respectively. The pooled separate accounts held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance notice requirement. The Plan is permitted to redeem investment units at NAV on the measurement date.

6. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Voya. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and expenses. The investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The contract is presented on the face of the statements of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by Voya. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2014	2013
Average yields:		
Based on actual earnings	**1.05%**	1.25%
Based on interest rate credited to participants	**1.00%**	1.15%

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

8. Related Party Transactions and Party in Interest Transactions

Certain plan investments are shares of a money market fund, fixed investment contract and pooled separate accounts managed by Voya. Voya is the Custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan sponsor pays directly any other fees related to the Plan's operation.

All of the party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

9. Tax Status

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan is 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 council believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to examinations for years prior to 2011.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013, to Form 5500:

		2014		2013
Net assets available for benefits per the financial statements	**$**	**5,629,775**	$	5,271,489
Adjustments from fair value to contract value		**6,433**		7,993
Net assets available for benefits per Form 5500	**$**	**5,636,208**	$	5,279,482

11. Subsequent Events

The date to which events occurring after December 31, 2014, the date of the most recent financial statements and supplemental schedules, have been evaluated for possible adjustment to the financial statements and supplemental schedules or disclosure is August 21, 2015, which is the date the financial statements and supplemental schedules were available to be issued.

Supplemental Schedules

Concote Corporation 401(k) Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 75-1324820
December 31, 2014 Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Investment Contract with Insurance Company :			
*	Voya Retirement Insurance & Annuity Company	Fixed Value Account	**	**$ 369,786**
	Interest Bearing Cash Equivalent (Money Market Fund) :			
*	Voya Investments	Voya Money Market Fund A	**	**67**
	Pooled Separate Accounts			
*	Voya Retirement Insurance & Annuity Company	Oppenheimer Developing Mkts Fund N	**	**60,543**
*	Voya Retirement Insurance & Annuity Company	American Funds EuroPacific R3	**	**72,565**
*	Voya Retirement Insurance & Annuity Company	American Funds Nw Prspctv R3	**	**125,140**
*	Voya Retirement Insurance & Annuity Company	Voya JPMorgan Sm Cap Core Eq Prt Adv	**	**98,843**
*	Voya Retirement Insurance & Annuity Company	Voya Clarion Real Estate Port Adv	**	**42,387**
*	Voya Retirement Insurance & Annuity Company	Voya Russell Mid Cap Index Port A	**	**14,526**
*	Voya Retirement Insurance & Annuity Company	Lord Abbett Developing Growth Fnd R3	**	**59,491**
*	Voya Retirement Insurance & Annuity Company	Voya MidCap Opportunities Port A	**	**60,706**
*	Voya Retirement Insurance & Annuity Company	Victory Established Value Fund R	**	**39,619**
*	Voya Retirement Insurance & Annuity Company	Voya Large Cap Growth Portfolio Adv	**	**273,185**
*	Voya Retirement Insurance & Annuity Company	American Funds Fdmntl Inv R3	**	**24,975**
*	Voya Retirement Insurance & Annuity Company	Voya U.S. Stock Index Portfolio Adv	**	**291,920**
*	Voya Retirement Insurance & Annuity Company	RidgeWorth Lrg Cp Value Equity Fnd A	**	**48,168**
*	Voya Retirement Insurance & Annuity Company	American Funds AM Balanced R3	**	**3,426,248**
*	Voya Retirement Insurance & Annuity Company	American Funds Income Fnd R3	**	**115,702**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2025 Port Adv	**	**85,740**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2035 Port Adv	**	**122,597**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2045 Port Adv	**	**26,182**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2055 Port Adv	**	**20,902**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution Inc Portfolio Adv	**	**647**
*	Voya Retirement Insurance & Annuity Company	Pioneer Strategic Income Fund R	**	**67,665**
*	Voya Retirement Insurance & Annuity Company	PIMCO Total Return Fund R	**	**182,171**
		Total Pooled Separate Accounts		**5,259,922**
	Total investments			**$ 5,629,775**

* Indicates party-in-interest.
** Cost information is not required for participant directed investments.

Concote Corporation 401(k) Plan

Schedule H, line 4a – Schedule of Delinquent Participant Contributions

I.D.: 75-1324820
For the Year Ended December 31, 2014 Plan Number: 002

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
Late Contributions remittances 2014	**$ -**	**$ 1,740**	**-**	**-**

Attachment to Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

Concote Corporation 401(k) Plan

EIN#75-1324820

Plan#002

As Of December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R3	Registered Investment Company		$3,426,249
	American Funds EuroPacific R3	Registered Investment Company		$72,565
	American Funds Fdmntl Inv R3	Registered Investment Company		$24,975
	American Funds Income Fnd R3	Registered Investment Company		$115,702
	American Funds Nw Prspctv R3	Registered Investment Company		$125,140
	Lord Abbett Develop Grw Fd R3	Registered Investment Company		$59,491
	Oppenhmr Developing Mkts Fnd R	Registered Investment Company		$60,543
	PIMCO Total Return Fund R	Registered Investment Company		$182,171
	Pioneer Strategic Income Fnd R	Registered Investment Company		$67,665
	RidgeWorth LgCp Vl Eqty Fnd A	Registered Investment Company		$48,168
	Victory Established Vl Fnd R	Registered Investment Company		$39,619
*	Voya Fixed Account	Insurance Company General Account		$376,219
*	Voya Indx Solution 2025 P Adv	Registered Investment Company		$85,740
*	Voya Indx Solution 2035 P Adv	Registered Investment Company		$122,597
*	Voya Indx Solution 2045 P Adv	Registered Investment Company		$26,182
*	Voya Indx Solution 2055 P Adv	Registered Investment Company		$20,902
*	Voya Indx Solution Inc P Adv	Registered Investment Company		$647
*	Voya Large Cap Growth Prt Adv	Registered Investment Company		$273,185
*	Voya Mid Cap Opport Port A	Registered Investment Company		$60,706
*	Voya Mny Mkt Fd A (Hold Acct)	Registered Investment Company		$67
*	Voya Russell MdCp Indx Prt A	Registered Investment Company		$14,526
*	Voya US Stock Index Port Adv	Registered Investment Company		$291,920
*	VY Clarion Rl Estate Prt Adv	Registered Investment Company		$42,387
*	VY JPM SmCp Cr Eq Port Adv	Registered Investment Company		$98,844
		TOTAL		$5,636,208

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

Concote Corporation 401(k) Plan

Financial Statements and
Supplemental Schedules
As of December 31, 2014 and 2013
and for the year ended December 31, 2014

This report was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Concote Corporation 401(k) Plan

Financial Statements and Supplemental Schedules
As of December 31, 2014 and 2013
and for the year ended December 31, 2014

Concote Corporation 401(k) Plan

Contents

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits - as of December 31, 2014 and 2013 3

Statement of Changes in Net Assets Available for Benefits - for the year ended December 31, 2014 4

Notes to Financial Statements 5

Supplemental Schedules

Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 14

Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 15

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Fort Worth, Texas 76109

Independent Auditor's Report

To the Advisory Committee
Concote Corporation 401(k) Plan
Coppell, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Concote Corporation 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2014, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodian 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, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 and Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 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.

Other Matter – 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors Hartman Leito & Bolt, LLP, who combined with BDO USA, LLP as of June 1, 2014. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform any auditing procedures with respect to the Information certified by ING Life Insurance and Annuity Company, the custodian of the Plan. Their report, dated July 17, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

The form and content of the information included in the December 31, 2014 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Fort Worth, Texas
August 21, 2015

Concote Corporation 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	**2014**	2013
Assets		
Investments, at fair value:		
Money market account	**$ 67**	$ -
Pooled separate accounts	**5,259,922**	4,611,777
Investment contract with insurance company	**369,786**	659,712
Net assets available for benefits at fair value	**5,629,775**	5,271,489
Adjustment from fair value to contract value for fully benefit-responsive investment contract	**6,433**	7,993
Net assets available for benefits at contract value	**$ 5,636,208**	$ 5,279,482

See accompanying notes to financial statements.

Concote Corporation 401(k) Plan

Statement of Changes Net Assets Available for Benefits

Year ended December 31,		**2014**
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$**	**390,169**
Interest and dividend income		**6,731**
Total investment income		**396,900**
Contributions:		
Participants		**211,806**
Employer		**132,904**
Rollovers		**2,492**
Total contributions		**347,202**
Total additions		**744,102**
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		**386,226**
Administrative expenses		**1,150**
Total deductions		**387,376**
Net increase		**356,726**
Net assets available for benefits, beginning of year		**5,279,482**
Net assets available for benefits, end of year	**$**	**5,636,208**

See accompanying notes to financial statements.

1. Description of the Plan

General

The Concote Corporation 401(k) Plan (the Plan) is a defined contribution plan established effective July 1, 1992, as amended and restated on January 1, 2012 to provide retirement, disability, and death benefits for qualified employees of Concote Corporation (the Company) and its affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Administration

The Plan is administered by a committee (the Advisory Committee) whose members are elected by the Company's board of directors. Voya Retirement Insurance and Annuity Company (Voya or the Custodian) serves as custodian of the Plan.

Eligibility

The Plan covers all full-time employees of the Company who have one year (or 1,000 hours) of service and are age twenty-one or older. Eligible plan participants may begin making contributions as of January 1 or July 1 upon meeting eligibility requirements.

Contributions

The Plan provides that participants may contribute from 1% to 100% of pretax annual compensation, as defined by the Plan document, not exceeding the Internal Revenue Service (IRS) limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and an insurance investment contract as investment options for participants.

The Company contributes a safe harbor matching contribution equal to 100% of the first 3% of base compensation that a participant contributes to the Plan plus 50% of the next 2% of base compensation that a participant contributes to the Plan. Additionally, profit sharing and discretionary match amounts may be contributed at the option of the Company's board of directors and is based on each participant's compensation. The Company did not make a profit sharing contribution or discretionary match contribution to the Plan during 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, and allocations of Plan earnings and expenses, if applicable. Allocations are based on participant account balances or earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions and employer safe harbor match contributions plus actual earnings thereon. Vesting in the Company's discretionary match and profit sharing contributions portion of their accounts is based on years of continuous service. A participant is 100% vested in Company contributions according to the following schedule:

Years of Service	Safe Harbor Match	Non Safe Harbor Match	Profit Sharing
Less than 2	100%	0%	0%
2	100%	20%	20%
3	100%	40%	40%
4	100%	60%	60%
5	100%	80%	80%
6	100%	100%	100%

Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested account balances totaled $9,983 and $10,795, respectively. These accounts will be used to pay expenses of the plan and to reduce future employer contributions. During 2014, $1,740 of forfeitures were utilized to reduce employer contributions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or partial distributions of a minimum of $1,000. Hardship withdrawals are permitted from elective contributions, however, safe harbor suspensions apply.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

The Plan's administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and Custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

As described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) topic *Plan Accounting – Defined Contribution Pension Plans,* investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan invests in a group annuity contract through an insurance company general account. As required by the FASB ASC guidance, the statements of net assets available for benefits presents the fair value of the investment in the group annuity contract as well as the adjustment of the investment in the group annuity contract from fair value to contract value relating to the underlying investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS, if any, are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions for the year ended December 31, 2014 or 2013.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in expenses. Investment related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

3. Information Certified by Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- Investments as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013;
- Total investment income, as reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014 as follows:

Year ended December 31,	**2014**
Interest and dividend income	**$ 6,731**
Net appreciation in fair value of investments	**390,169**

- Investment values disclosed in Note 5;
- Investment information disclosed in Note 4 and 6; and
- Investments, as reflected in the Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

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

4. Investments

The following presents investments that represent 5% or more of net assets available for benefits as of:

December 31	**2014**	2013
Investment contract with insurance & annuity company	**$ 369,786**	$ 659,712
American Funds AM Balanced R3	**3,426,248**	3,000,332
Voya U.S. Stock Index Portfolio Adv	**291,920**	**
Total investments greater than 5%	**4,087,954**	3,660,044
Total investments less than 5%	**1,541,821**	1,611,445
Total Investments	**$ 5,629,775**	$ 5,271,489

** Investment did not exceed 5% of assets available for benefits.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $390,169 as follows for the year ended December 31, 2014:

December 31,		**2014**
Pooled separate accounts	**$**	**390,167**
Money market fund		**2**
Net appreciation in fair value of investments	**$**	**396,169**

5. Fair Value Measurements

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

The three levels of the fair value hierarchy under ASC topic are described as follows:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Interest Bearing Cash Equivalent (Money Market Fund)

Valued at quoted prices in active markets of the net asset value of shares held by the Plan at year end and are classified in Level 1 of the fair value hierarchy.

Pooled Separate Accounts:

Investments in pooled separate accounts are valued at the net asset values (NAV) of units held by the Plan as reported by the investment manager of the fund. The net asset values are based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV's unit price of the pooled separate accounts is not quoted on any market but is used as a practical expedient to estimate fair value. The underlying assets are valued based on the fair value of the listed securities or upon pricing from observable market information in a non-active market as determined by the investment account manager and are classified in Level 2 of the fair value hierarchy.

Investment Contract with Insurance Company:

The investment contract with the insurance company is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer and is classified in Level 2 of the fair value hierarchy.

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

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Investment Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large Cap Value	**$ -**	**$ 365,063**	**$ -**	**$ 365,063**
Large Cap Growth	**-**	**273,185**	**-**	**273,185**
Small/Mid/Specialty	**-**	**315,572**	**-**	**315,572**
Global/International	**-**	**258,248**	**-**	**258,248**
Asset Allocation	**-**	**256,068**	**-**	**256,068**
Balanced	**-**	**3,541,950**	**-**	**3,541,950**
Bonds	**-**	**249,836**	**-**	**249,836**
Interest bearing cash equivalent (money market funds)	**67**	**-**	**-**	**67**
Investment contract with insurance company	**-**	**369,786**	**-**	**369,786**
Total assets at fair value	**$ 67**	**$ 5,629,708**	**$ -**	**$ 5,629,775**

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large Cap Value	$ -	$ 295,184	$ -	$ 295,184
Large Cap Growth	-	241,591	-	241,591
Small/Mid/Specialty	-	260,017	-	260,017
Global/International	-	231,771	-	231,771
Asset Allocation	-	225,810	-	225,810
Balanced	-	3,135,590	-	3,135,590
Bonds	-	221,814	-	221,814
Investment contract with insurance company	-	659,712	-	659,712
Total assets at fair value	$ -	$ 5,271,489	$ -	$ 5,271,489

Fair Value of Measurements in Entities that use Net Asset Value

The fair value of the pooled separate accounts based on NAV per share as of December 31, 2014 and 2013 is $5,259,922 and $4,611,777, respectively. The pooled separate accounts held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance notice requirement. The Plan is permitted to redeem investment units at NAV on the measurement date.

6. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Voya. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and expenses. The investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The contract is presented on the face of the statements of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by Voya. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2014	2013
Average yields:		
Based on actual earnings	**1.05%**	1.25%
Based on interest rate credited to participants	**1.00%**	1.15%

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

8. Related Party Transactions and Party in Interest Transactions

Certain plan investments are shares of a money market fund, fixed investment contract and pooled separate accounts managed by Voya. Voya is the Custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan sponsor pays directly any other fees related to the Plan's operation.

All of the party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

9. Tax Status

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan is 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 council believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to examinations for years prior to 2011.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013, to Form 5500:

		2014		2013
Net assets available for benefits per the financial statements	**$**	**5,629,775**	$	5,271,489
Adjustments from fair value to contract value		**6,433**		7,993
Net assets available for benefits per Form 5500	**$**	**5,636,208**	$	5,279,482

11. Subsequent Events

The date to which events occurring after December 31, 2014, the date of the most recent financial statements and supplemental schedules, have been evaluated for possible adjustment to the financial statements and supplemental schedules or disclosure is August 21, 2015, which is the date the financial statements and supplemental schedules were available to be issued.

Supplemental Schedules

Concote Corporation 401(k) Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 75-1324820
December 31, 2014 Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Investment Contract with Insurance Company :			
*	Voya Retirement Insurance & Annuity Company	Fixed Value Account	**	**$ 369,786**
	Interest Bearing Cash Equivalent (Money Market Fund) :			
*	Voya Investments	Voya Money Market Fund A	**	**67**
	Pooled Separate Accounts			
*	Voya Retirement Insurance & Annuity Company	Oppenheimer Developing Mkts Fund N	**	**60,543**
*	Voya Retirement Insurance & Annuity Company	American Funds EuroPacific R3	**	**72,565**
*	Voya Retirement Insurance & Annuity Company	American Funds Nw Prspctv R3	**	**125,140**
*	Voya Retirement Insurance & Annuity Company	Voya JPMorgan Sm Cap Core Eq Prt Adv	**	**98,843**
*	Voya Retirement Insurance & Annuity Company	Voya Clarion Real Estate Port Adv	**	**42,387**
*	Voya Retirement Insurance & Annuity Company	Voya Russell Mid Cap Index Port A	**	**14,526**
*	Voya Retirement Insurance & Annuity Company	Lord Abbett Developing Growth Fnd R3	**	**59,491**
*	Voya Retirement Insurance & Annuity Company	Voya MidCap Opportunities Port A	**	**60,706**
*	Voya Retirement Insurance & Annuity Company	Victory Established Value Fund R	**	**39,619**
*	Voya Retirement Insurance & Annuity Company	Voya Large Cap Growth Portfolio Adv	**	**273,185**
*	Voya Retirement Insurance & Annuity Company	American Funds Fdmntl Inv R3	**	**24,975**
*	Voya Retirement Insurance & Annuity Company	Voya U.S. Stock Index Portfolio Adv	**	**291,920**
*	Voya Retirement Insurance & Annuity Company	RidgeWorth Lrg Cp Value Equity Fnd A	**	**48,168**
*	Voya Retirement Insurance & Annuity Company	American Funds AM Balanced R3	**	**3,426,248**
*	Voya Retirement Insurance & Annuity Company	American Funds Income Fnd R3	**	**115,702**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2025 Port Adv	**	**85,740**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2035 Port Adv	**	**122,597**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2045 Port Adv	**	**26,182**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution 2055 Port Adv	**	**20,902**
*	Voya Retirement Insurance & Annuity Company	Voya Index Solution Inc Portfolio Adv	**	**647**
*	Voya Retirement Insurance & Annuity Company	Pioneer Strategic Income Fund R	**	**67,665**
*	Voya Retirement Insurance & Annuity Company	PIMCO Total Return Fund R	**	**182,171**
		Total Pooled Separate Accounts		**5,259,922**
	Total investments			**$ 5,629,775**

* Indicates party-in-interest.
** Cost information is not required for participant directed investments.

Concote Corporation 401(k) Plan

Schedule H, line 4a – Schedule of Delinquent Participant Contributions

I.D.: 75-1324820
For the Year Ended December 31, 2014 Plan Number: 002

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
Late Contributions remittances 2014	**$ -**	**$ 1,740**	**-**	**-**