

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DENISON INDUSTRIES 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2001</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DENISON INDUSTRIES, INC.</u> <u>22 FIELDER DRIVE</u> <u>DENISON, TX 75020</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>75-2350819</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>903-786-4444</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>331500</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>75-2350819</u>	2c Plan Sponsor's telephone number <u>903-786-4444</u>	2d Business code (see instructions) <u>331500</u>	
2b Employer Identification Number (EIN) <u>75-2350819</u>					
2c Plan Sponsor's telephone number <u>903-786-4444</u>					
2d Business code (see instructions) <u>331500</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2015	JOSH JAMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2015	JOSH JAMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor DENISON INDUSTRIES 401(K) PLAN BENEFITS COMMITTEE 22 FIELDER STREET DENISON, TX 75021	3b Administrator's EIN 75-3124024 3c Administrator's telephone number 903-786-4444
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 149
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) 145
a(2) Total number of active participants at the end of the plan year	6a(2) 115
b Retired or separated participants receiving benefits	6b 12
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 65
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 10
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 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan DENISON INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 DENISON INDUSTRIES, INC.	D Employer Identification Number (EIN) 75-2350819	

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

(a) Name of insurance carrier

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	PHT473	78	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
4732	768

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

MORGAN STANLEY SMITH BARNEY LLC
1 NEW YORK PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4732			3

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

TRI STATE PLAN ADMINISTRATION
30 GARFIELD PLACE, SUITE 520
CINCINNATI, OH 45202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	768	TPA PARTNERSHIP PROGRAM	5

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

Schedule A (Form 5500) 2014
v. 140124

(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	366807
5 Current value of plan's interest under this contract in separate accounts at year end	5	1281524

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

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

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

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

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

b Balance at the end of the previous year.....	7b	294064
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c Additions: (1) Contributions deposited during the year.....	7c(1)	273213	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	9660	
(4) Transferred from separate account.....	7c(4)	197624	
(5) Other (specify below)	7c(5)	220	
▶ TRANSFER BETWEEN VOYA ACCOUNT			

(6) Total additions.....	7c(6)	480717
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d Total of balance and additions (add lines 7b and 7c(6))	7d	774781
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	174669	
(2) Administration charge made by carrier	7e(2)	450	
(3) Transferred to separate account.....	7e(3)	232855	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	407974
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	366807
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DENISON INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DENISON INDUSTRIES, INC.	D Employer Identification Number (EIN) 75-2350819

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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

VOYA RETIREMENT INSURANCE AND 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?
27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	796	Yes ☐ No ☒

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	1115	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan DENISON INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DENISON INDUSTRIES, INC.	D Employer Identification Number (EIN) 75-2350819	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	MAP CONTRACT SEPARATE ACCOUNT D
--	---------------------------------

b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE & ANNUITY CO
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c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1281524
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
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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)
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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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>DENISON INDUSTRIES 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DENISON INDUSTRIES, INC.</u>		D Employer Identification Number (EIN) <u>75-2350819</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		769
(2) Participant contributions.....	1b(2)		2830
(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)	1174149	1281524
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	294064	366807
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1468213	1651930

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1468213	1651930
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	60220	
(B) Participants	2a(1)(B)	216591	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		276811
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)	9659	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9659
(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)		72145
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		358615

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	164184	
(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)		164184
f Corrective distributions (see instructions).....	2f		10264
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	450	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		450
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		174898

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		183717
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: ADAMI, LINDSEY & COMPANY, LLP

(2) EIN: 75-1964770

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		250000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>DENISON INDUSTRIES 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DENISON INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>75-2350819</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

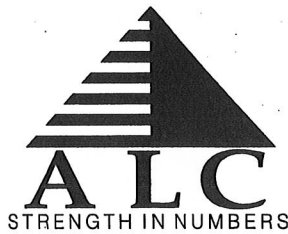
- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% 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): _____



ADAMI, LINDSEY & COMPANY, L.L.P.
Certified Public Accountants

123 NORTH CROCKETT STREET, SUITE 100
SHERMAN, TEXAS 75090

(903) 892-2727

FACSIMILE: (903) 868-9682
www.adamilindsey.com

DAROLD P. ADAMI
JAMES A. LINDSEY
DAROLD P. ADAMI, JR.
BELINDA W. DEVINCENTIS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Denison Industries 401(k) Plan
Denison, Texas 75020

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Denison Industries 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, 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

Plan 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 C, which was certified by Voya Financial, Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations 2014

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

Adams, Lindsey + Company, L.L.P.

Sherman, Texas

July 21, 2015

DENISON INDUSTRIES 401(k) PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
Investments, at fair value		
Money Market Mutual Fund	\$ 13,709	\$ 3,593
Fixed Account	366,807	294,064
Variable Mutual Funds	<u>1,267,815</u>	<u>1,170,556</u>
Total Investments	<u>1,648,331</u>	<u>1,468,213</u>
Receivables		
Participants' Contributions	2,830	-
Employer's Contributions	<u>769</u>	<u>-</u>
Total Receivables	<u>3,599</u>	<u>-</u>
Total Assets	<u>1,651,930</u>	<u>1,468,213</u>
Net Assets Available For Benefits	<u><u>\$ 1,651,930</u></u>	<u><u>\$ 1,468,213</u></u>

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

DENISON INDUSTRIES 401(k) PLAN
Statement of Changes of Net Assets Available for Benefits
For the Year Ended December 31, 2014

ADDITIONS:

2014

Additions to net assets attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments

\$ 72,145

Interest and Dividends

9,659

Total Investment Income

81,804

Contributions:

Participants

216,591

Employer

60,220

Total Contributions

276,811

Total Additions to Net Assets

358,615

DEDUCTIONS:

Deductions from net assets attributed to:

Benefits Paid to Participants

164,184

Corrective Distributions

10,264

Administrative Expenses

450

Total Deductions from Net Assets

174,898

Net Increase in Net Assets Available for Benefits

183,717

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year

1,468,213

End of Year

\$ 1,651,930

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

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Denison Industries 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan whereby eligible employees of the Company are permitted to make tax-deferred contributions. Employees are eligible to participate in the Plan when they reach three months of service and age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Each year, participants may contribute a maximum of 100 percent of compensation for each payroll period of eligible pretax annual compensation, as defined in the Plan, or \$17,500, which is the prescribed limit established by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$5,500. Participant contributions are made by salary reductions at each pay period. The Company matches contributions equal to 50 percent of the first 4 percent of compensation that a participant contributes to the Plan. The Company's contribution period for purposes of calculating the amount of matching employer contributions is made each Plan year. All employer contributions are invested as directed by each participant within the allowable investment options. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and the Plan's earnings. Allocations of the Company's contribution are based on participant earnings, and allocations of the Plan's earnings are based on account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested after three years of service. A year of service for vesting purposes is earned every Plan year that the participant is credited with at least 1,000 hours of service.

Administration

The Company has established a 401(k) Plan Benefits Committee ("Committee") to monitor and oversee Plan operations, independent of the Company. The Committee meets periodically and consists of members of the Plan.

Investments

The assets of the Plan are held and the related investment transactions are executed by Voya Financial, Inc.. The Plan Administrator is Denison Industries, Inc. Each participant may elect to allocate their salary deferrals in 1.0% increments to the twenty-seven investment fund options.

Payment of Benefits

Benefits may be paid in a lump-sum distribution. Participants may withdraw all or a portion of the vested account upon reaching age 65, disability, termination of employment, or death. Subject to plan administrator approval, participants with immediate and heavy financial hardships may receive a partial or total distribution of their contributions or rollover contributions.

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN (continued)

Plan Termination

Although it has not expressed any intentions to do so, the Board of Directors may terminate the Plan at any time. Upon termination of the Plan, the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of the ERISA.

In September, 2014 the Company incurred a voluntary reduction in its workforce which was deemed a partial Plan termination. Under a partial plan termination, participants that were terminated as a result of the reduction in workforce were made fully vested in the employer contributions credited to their account, if they were not already fully vested.

Forfeitures

Participants leaving the Company before they are fully vested in their allocation of the Company's contributions forfeit their non-vested portion. Additionally, according to the Plan Agreement, forfeitures are retained in the Plan and may first be used to pay administrative expenses, as directed by the Company. To the extent that forfeitures are not used to reduce administrative expenses, any remaining amounts will be used to reduce future employer contributions payable under the Plan.

At December 31, 2014 and 2013, forfeitures of non-vested participant accounts totaled \$13,709 and \$3,593 respectively. For the year ended December 31, 2014, no forfeitures were used to pay administrative expenses or reduce future employer contributions payable under the Plan.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The ERISA imposes certain duties on the parties who are responsible for the operation of the Plan. These parties, called fiduciaries, have a duty to invest plan assets in a prudent manner. However, an exception exists for plans which comply with ERISA Section 404 (C) and permit a participant to exercise control over the assets in his/her account and choose from a broad range of investment alternatives. This Plan is intended to be a Section 404 (C) plan. This means the Employee, and not the Plan fiduciary, is responsible for the investment decisions relating to the assets in their individual accounts under the Plan.

The investments of the Plan are stated at fair value based on quoted market prices and net appreciation (depreciation) for the year as reflected in the Plan's statement of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of the investments consists of realized gains or losses and unrealized appreciation or depreciation on the investments. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the plan at year end. Investment income is recognized when earned.

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

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

In accordance with the Plan Agreement, participants are not permitted to make loans against their balances.

Plan Expenses

Audit fees and other miscellaneous fees are paid by the employer. Costs of administering the Plan are paid by the Plan.

Subsequent Events

The Plan has evaluated the subsequent events through July 21, 2015, which is the date the financial statements were available to be issued.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

At December 31, 2014 and 2013, the Plan's investments were held by Voya Financial, Inc., the trustee. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by the trustee as complete and accurate in accordance with Section 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.

	<u>2014</u>	<u>2013</u>
Investments, at fair value:		
Money Market Mutual Fund	\$ 13,709	\$ 3,593
Fixed Account	366,807	294,064
Variable Mutual Funds	1,267,815	1,170,556
Total Investments	<u>\$ 1,648,331</u>	<u>\$ 1,468,213</u>
 Net Appreciation in Fair Value of Investments	 <u>\$ 72,145</u>	 <u>\$ 217,006</u>
 Interest and Dividends	 <u>\$ 9,659</u>	 <u>\$ 8,120</u>

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Continued)

The following schedule presents investments that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fixed Accounts		
ING Fixed Account	\$ 366,807	\$ 294,064
Variable Mutual Funds		
The Growth Fund of America-Class R-3	\$ 153,472	\$ 134,811
New Perspective Fund - Class R-3	\$ 290,585	\$ 263,200
Baron Asset Fund	\$ 146,780	\$ 143,025
Voya Solution 2025 Portfolio	\$ 142,976	\$ 111,740
Voya Solution 2035 Portfolio	\$ 91,520	\$ 93,115
Voya Solution 2045 Portfolio	\$ 134,027	\$ 127,546

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 \$72,145.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. FASB ASC 820, defines fair value, outlines a framework for measuring fair value and details the required disclosures about fair value measurements.

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants as of the measurement date. The Plan uses a fair value hierarchy that has three levels of inputs, both observable and unobservable, with use of the lowest possible level of input to determine fair value. Level 1 inputs include unadjusted quoted prices in active markets for identical assets at the measurement date and have the highest priority. Level 2 inputs include quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Plan. Level 3 inputs are unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on the best information available in the circumstances. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments in a consistent manner each year.

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following table presents those assets that are measured at fair value on a recurring basis.

December 31, 2014	Fair Value Measurement Using:			Fair Value
	Level 1	Level 2	Level 3	
Money Market Mutual Fund	\$ 13,709	\$ -	\$ -	\$ 13,709
Fixed Account	-	-	366,807	366,807
Variable Mutual Funds	1,267,815	-	-	1,267,815
Fair Market Value Total	<u>\$ 1,281,524</u>	<u>\$ -</u>	<u>\$ 366,807</u>	<u>\$ 1,648,331</u>

December 31, 2013	Fair Value Measurement Using:			Fair Value
	Level 1	Level 2	Level 3	
Money Market Mutual Fund	\$ 3,593	\$ -	\$ -	\$ 3,593
Fixed Account	-	-	294,064	294,064
Variable Mutual Funds	1,170,556	-	-	1,170,556
Fair Market Value Total	<u>\$ 1,174,149</u>	<u>\$ -</u>	<u>\$ 294,064</u>	<u>\$ 1,468,213</u>

The fair market value of variable mutual funds is based on quoted net asset values of the shares held by the Plan at year end in an active market. The fair market value of the fixed accounts is equal to the book value less any market value adjustments and contingent deferred sales charge and is based on the funds guaranteed interest rates and periods. The book value approximates the fair market value as of December 31, 2014 and 2013.

The following table provides a summary of changes in the fair value of the Plan's level 3 assets.

	2014	2013
<u>Fixed Accounts</u>		
Beginning Balance	\$ 294,064	\$ 253,446
Interest and Dividends	9,659	2,137
Purchases, Sales, Issuances, and Settlements (net)	63,084	38,481
Ending Balance	<u>\$ 366,807</u>	<u>\$ 294,064</u>

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the years ended December 31, 2014 and 2013 are reported within the net appreciation in fair value of investments.

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments include shares of mutual funds managed by Voya Financial, Inc., the trustee of the Plan. Transactions involving these investments qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE F - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated March 31, 2008, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator and the trustee believe that the Plan is being operated in compliance with the applicable requirements of the IRC, including non-discrimination provisions for highly compensated employees. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

DENISON INDUSTRIES 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

NOTE F - TAX STATUS (Continued)

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

NOTE G - 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Immaterial differences may exist between the financial statements and the Form 5500 due to the use of different accounting methods. The financial statements are stated in accordance with accounting principles, generally accepted in the United States, with the significant accounting policies discussed in Note B. Investments per the financial statements are stated at fair market value at December 31, 2014 and December 31, 2013 based upon a trade date basis, which records activity based on the purchase/redemption date of the shares in the Plan. In addition, contributions are recorded using the accrual basis on the financial statements; therefore, a contribution receivable is reflected. As of December 31, 2014, there were no differences noted between the amounts per the financial statements and the Form 5500.

DENISON INDUSTRIES 401(k) PLAN
EIN: 75-2013184 Plan Number, 003
Schedule H, Line 4i –
Schedule of Assets (Held at End of Year)

		Description of Investment Including			
Identity of Issue, Borrower, Lessor, or Similar Party		Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	December 31, 2014	December 31, 2013	
(a)	(b)	(c)	Cost (d)	Current Value (e)	Current Value (f)
<u>Money Market Mutual Fund</u>					
*	Voya Retirement Funds	ING Money Market Fund A	(A)	\$ 13,709.00	\$ 3,593.00
<u>Fixed Account</u>					
*	Voya Retirement Funds	ING Fixed Account	(A)	366,807	294,064
<u>Variable Mutual Funds</u>					
	American Funds	American Balanced Fund - Class R-3	(A)	52,845	50,205
	American Funds	Fundamental Investors - Class R-3	(A)	18,702	15,640
	American Funds	The Growth Fund of America-Class R-3	(A)	153,472	134,811
	American Funds	New Perspective Fund - Class R-3	(A)	290,585	263,200
	American Funds	Washington Mutual Investors Fund R3	(A)	54,629	48,832
	Ariel Investments	Ariel Appreciation Fund	(A)	33,643	34,185
	Baron Capital Group	Baron Asset Fund	(A)	146,780	143,025
	Manning & Napier	World Opportunities Series - Class A	(A)	5,785	6,221
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	(A)	4,154	6,995
	Pioneer Investments	Pioneer Strategic Income Fund	(A)	1,659	4,623
*	Voya Retirement Funds	Voya American Century Small-Mid Cap	(A)	-	22,481
*	Voya Retirement Funds	Voya Columbia Small Cap Value II Portfolio	(A)	15,947	-
*	Voya Retirement Funds	Voya JPMorgan Mid Cap Value Portfolio	(A)	10,890	18,156
*	Voya Retirement Funds	Voya Large Cap Growth Portfolio	(A)	1,761	4,658
*	Voya Retirement Funds	Voya Money Market Portfolio	(A)	14,551	20,184
*	Voya Retirement Funds	Voya PIMCO Total Return Portfolio	(A)	3,137	2,001
*	Voya Retirement Funds	Voya Real Estate Fund	(A)	8,835	8,750
*	Voya Retirement Funds	Voya Solution 2015 Portfolio	(A)	40,746	30,009
*	Voya Retirement Funds	Voya Solution 2025 Portfolio	(A)	142,976	111,740
*	Voya Retirement Funds	Voya Solution 2035 Portfolio	(A)	91,520	93,115
*	Voya Retirement Funds	Voya Solution 2045 Portfolio	(A)	134,027	127,546
*	Voya Retirement Funds	Voya Solution 2055 Portfolio	(A)	36,005	20,817
*	Voya Retirement Funds	Voya Solution Income Portfolio	(A)	5,166	3,362
				1,267,815	1,170,556
				\$ 1,648,331	\$ 1,468,213

* Parties-In-Interest are noted with asterisk

(A) Cost information not required for participant-directed investments

**DENISON INDUSTRIES
401(k) PLAN**

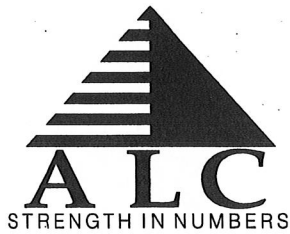
**Financial Statements
and Independent Auditor's Report**

**As of December 31, 2014 and 2013
And For the Year Ended December 31, 2014**

DENISON INDUSTRIES 401(k) PLAN
Financial Statements and Independent Auditor's Report
As of December 31, 2014 and 2013
and For the Year Ended December 31, 2014

TABLE OF CONTENTS

	<u>Page No.</u>
Independent Auditor's Report	1 – 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 10
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	11



ADAMI, LINDSEY & COMPANY, L.L.P.
Certified Public Accountants

123 NORTH CROCKETT STREET, SUITE 100
SHERMAN, TEXAS 75090

(903) 892-2727
FACSIMILE: (903) 868-9682
www.adamilindsey.com

DAROLD P. ADAMI
JAMES A. LINDSEY
DAROLD P. ADAMI, JR.
BELINDA W. DEVINCENTIS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Denison Industries 401(k) Plan
Denison, Texas 75020

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Denison Industries 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, 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

Plan 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 C, which was certified by Voya Financial, Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations 2014

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

Adams, Lindsey & Company, L.L.P.

Sherman, Texas
July 21, 2015

DENISON INDUSTRIES 401(k) PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
Investments, at fair value		
Money Market Mutual Fund	\$ 13,709	\$ 3,593
Fixed Account	366,807	294,064
Variable Mutual Funds	<u>1,267,815</u>	<u>1,170,556</u>
Total Investments	<u>1,648,331</u>	<u>1,468,213</u>
 Receivables		
Participants' Contributions	2,830	-
Employer's Contributions	<u>769</u>	<u>-</u>
Total Receivables	<u>3,599</u>	<u>-</u>
 Total Assets	 <u>1,651,930</u>	 <u>1,468,213</u>
 Net Assets Available For Benefits	 <u><u>\$ 1,651,930</u></u>	 <u><u>\$ 1,468,213</u></u>

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

DENISON INDUSTRIES 401(k) PLAN
Statement of Changes of Net Assets Available for Benefits
For the Year Ended December 31, 2014

ADDITIONS:

2014

Additions to net assets attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments

\$ 72,145

Interest and Dividends

9,659

Total Investment Income

81,804

Contributions:

Participants

216,591

Employer

60,220

Total Contributions

276,811

Total Additions to Net Assets

358,615

DEDUCTIONS:

Deductions from net assets attributed to:

Benefits Paid to Participants

164,184

Corrective Distributions

10,264

Administrative Expenses

450

Total Deductions from Net Assets

174,898

Net Increase in Net Assets Available for Benefits

183,717

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year

1,468,213

End of Year

\$ 1,651,930

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

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Denison Industries 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan whereby eligible employees of the Company are permitted to make tax-deferred contributions. Employees are eligible to participate in the Plan when they reach three months of service and age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Each year, participants may contribute a maximum of 100 percent of compensation for each payroll period of eligible pretax annual compensation, as defined in the Plan, or \$17,500, which is the prescribed limit established by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$5,500. Participant contributions are made by salary reductions at each pay period. The Company matches contributions equal to 50 percent of the first 4 percent of compensation that a participant contributes to the Plan. The Company's contribution period for purposes of calculating the amount of matching employer contributions is made each Plan year. All employer contributions are invested as directed by each participant within the allowable investment options. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and the Plan's earnings. Allocations of the Company's contribution are based on participant earnings, and allocations of the Plan's earnings are based on account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested after three years of service. A year of service for vesting purposes is earned every Plan year that the participant is credited with at least 1,000 hours of service.

Administration

The Company has established a 401(k) Plan Benefits Committee ("Committee") to monitor and oversee Plan operations, independent of the Company. The Committee meets periodically and consists of members of the Plan.

Investments

The assets of the Plan are held and the related investment transactions are executed by Voya Financial, Inc.. The Plan Administrator is Denison Industries, Inc. Each participant may elect to allocate their salary deferrals in 1.0% increments to the twenty-seven investment fund options.

Payment of Benefits

Benefits may be paid in a lump-sum distribution. Participants may withdraw all or a portion of the vested account upon reaching age 65, disability, termination of employment, or death. Subject to plan administrator approval, participants with immediate and heavy financial hardships may receive a partial or total distribution of their contributions or rollover contributions.

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN (continued)

Plan Termination

Although it has not expressed any intentions to do so, the Board of Directors may terminate the Plan at any time. Upon termination of the Plan, the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of the ERISA.

In September, 2014 the Company incurred a voluntary reduction in its workforce which was deemed a partial Plan termination. Under a partial plan termination, participants that were terminated as a result of the reduction in workforce were made fully vested in the employer contributions credited to their account, if they were not already fully vested.

Forfeitures

Participants leaving the Company before they are fully vested in their allocation of the Company's contributions forfeit their non-vested portion. Additionally, according to the Plan Agreement, forfeitures are retained in the Plan and may first be used to pay administrative expenses, as directed by the Company. To the extent that forfeitures are not used to reduce administrative expenses, any remaining amounts will be used to reduce future employer contributions payable under the Plan.

At December 31, 2014 and 2013, forfeitures of non-vested participant accounts totaled \$13,709 and \$3,593 respectively. For the year ended December 31, 2014, no forfeitures were used to pay administrative expenses or reduce future employer contributions payable under the Plan.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The ERISA imposes certain duties on the parties who are responsible for the operation of the Plan. These parties, called fiduciaries, have a duty to invest plan assets in a prudent manner. However, an exception exists for plans which comply with ERISA Section 404 (C) and permit a participant to exercise control over the assets in his/her account and choose from a broad range of investment alternatives. This Plan is intended to be a Section 404 (C) plan. This means the Employee, and not the Plan fiduciary, is responsible for the investment decisions relating to the assets in their individual accounts under the Plan.

The investments of the Plan are stated at fair value based on quoted market prices and net appreciation (depreciation) for the year as reflected in the Plan's statement of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of the investments consists of realized gains or losses and unrealized appreciation or depreciation on the investments. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the plan at year end. Investment income is recognized when earned.

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

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

In accordance with the Plan Agreement, participants are not permitted to make loans against their balances.

Plan Expenses

Audit fees and other miscellaneous fees are paid by the employer. Costs of administering the Plan are paid by the Plan.

Subsequent Events

The Plan has evaluated the subsequent events through July 21, 2015, which is the date the financial statements were available to be issued.

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

At December 31, 2014 and 2013, the Plan's investments were held by Voya Financial, Inc., the trustee. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by the trustee as complete and accurate in accordance with Section 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.

	<u>2014</u>	<u>2013</u>
Investments, at fair value:		
Money Market Mutual Fund	\$ 13,709	\$ 3,593
Fixed Account	366,807	294,064
Variable Mutual Funds	1,267,815	1,170,556
Total Investments	<u>\$ 1,648,331</u>	<u>\$ 1,468,213</u>
 Net Appreciation in Fair Value of Investments	 <u>\$ 72,145</u>	 <u>\$ 217,006</u>
 Interest and Dividends	 <u>\$ 9,659</u>	 <u>\$ 8,120</u>

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE C - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Continued)

The following schedule presents investments that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fixed Accounts		
ING Fixed Account	\$ 366,807	\$ 294,064
Variable Mutual Funds		
The Growth Fund of America-Class R-3	\$ 153,472	\$ 134,811
New Perspective Fund - Class R-3	\$ 290,585	\$ 263,200
Baron Asset Fund	\$ 146,780	\$ 143,025
Voya Solution 2025 Portfolio	\$ 142,976	\$ 111,740
Voya Solution 2035 Portfolio	\$ 91,520	\$ 93,115
Voya Solution 2045 Portfolio	\$ 134,027	\$ 127,546

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 \$72,145.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. FASB ASC 820, defines fair value, outlines a framework for measuring fair value and details the required disclosures about fair value measurements.

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants as of the measurement date. The Plan uses a fair value hierarchy that has three levels of inputs, both observable and unobservable, with use of the lowest possible level of input to determine fair value. Level 1 inputs include unadjusted quoted prices in active markets for identical assets at the measurement date and have the highest priority. Level 2 inputs include quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Plan. Level 3 inputs are unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on the best information available in the circumstances. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments in a consistent manner each year.

DENISON INDUSTRIES 401(k) PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following table presents those assets that are measured at fair value on a recurring basis.

	Fair Value Measurement Using:			Fair Value
	Level 1	Level 2	Level 3	
<u>December 31, 2014</u>				
Money Market Mutual Fund	\$ 13,709	\$ -	\$ -	\$ 13,709
Fixed Account	-	-	366,807	366,807
Variable Mutual Funds	1,267,815	-	-	1,267,815
Fair Market Value Total	<u>\$ 1,281,524</u>	<u>\$ -</u>	<u>\$ 366,807</u>	<u>\$ 1,648,331</u>
	Fair Value Measurement Using:			Fair Value
	Level 1	Level 2	Level 3	
<u>December 31, 2013</u>				
Money Market Mutual Fund	\$ 3,593	\$ -	\$ -	\$ 3,593
Fixed Account	-	-	294,064	294,064
Variable Mutual Funds	1,170,556	-	-	1,170,556
Fair Market Value Total	<u>\$ 1,174,149</u>	<u>\$ -</u>	<u>\$ 294,064</u>	<u>\$ 1,468,213</u>

The fair market value of variable mutual funds is based on quoted net asset values of the shares held by the Plan at year end in an active market. The fair market value of the fixed accounts is equal to the book value less any market value adjustments and contingent deferred sales charge and is based on the funds guaranteed interest rates and periods. The book value approximates the fair market value as of December 31, 2014 and 2013.

The following table provides a summary of changes in the fair value of the Plan's level 3 assets.

	<u>2014</u>	<u>2013</u>
<u>Fixed Accounts</u>		
Beginning Balance	\$ 294,064	\$ 253,446
Interest and Dividends	9,659	2,137
Purchases, Sales, Issuances, and Settlements (net)	63,084	38,481
Ending Balance	<u>\$ 366,807</u>	<u>\$ 294,064</u>

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the years ended December 31, 2014 and 2013 are reported within the net appreciation in fair value of investments.

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments include shares of mutual funds managed by Voya Financial, Inc., the trustee of the Plan. Transactions involving these investments qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE F - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated March 31, 2008, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator and the trustee believe that the Plan is being operated in compliance with the applicable requirements of the IRC, including non-discrimination provisions for highly compensated employees. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

DENISON INDUSTRIES 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

NOTE F - TAX STATUS (Continued)

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

NOTE G - 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Immaterial differences may exist between the financial statements and the Form 5500 due to the use of different accounting methods. The financial statements are stated in accordance with accounting principles, generally accepted in the United States, with the significant accounting policies discussed in Note B. Investments per the financial statements are stated at fair market value at December 31, 2014 and December 31, 2013 based upon a trade date basis, which records activity based on the purchase/redemption date of the shares in the Plan. In addition, contributions are recorded using the accrual basis on the financial statements; therefore, a contribution receivable is reflected. As of December 31, 2014, there were no differences noted between the amounts per the financial statements and the Form 5500.

SUPPLEMENTAL SCHEDULE

DENISON INDUSTRIES 401(k) PLAN
EIN: 75-2013184 Plan Number, 003
Schedule H, Line 4i –
Schedule of Assets (Held at End of Year)

		Description of Investment Including		December 31, 2014	December 31, 2013
	Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	Current Value
(a)	(b)	(c)	(d)	(e)	(f)
<u>Money Market Mutual Fund</u>					
*	Voya Retirement Funds	ING Money Market Fund A	(A)	\$ 13,709.00	\$ 3,593.00
<u>Fixed Account</u>					
*	Voya Retirement Funds	ING Fixed Account	(A)	366,807	294,064
<u>Variable Mutual Funds</u>					
	American Funds	American Balanced Fund - Class R-3	(A)	52,845	50,205
	American Funds	Fundamental Investors - Class R-3	(A)	18,702	15,640
	American Funds	The Growth Fund of America-Class R-3	(A)	153,472	134,811
	American Funds	New Perspective Fund - Class R-3	(A)	290,585	263,200
	American Funds	Washington Mutual Investors Fund R3	(A)	54,629	48,832
	Ariel Investments	Ariel Appreciation Fund	(A)	33,643	34,185
	Baron Capital Group	Baron Asset Fund	(A)	146,780	143,025
	Manning & Napier	World Opportunities Series - Class A	(A)	5,785	6,221
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	(A)	4,154	6,995
	Pioneer Investments	Pioneer Strategic Income Fund	(A)	1,659	4,623
*	Voya Retirement Funds	Voya American Century Small-Mid Cap	(A)	-	22,481
*	Voya Retirement Funds	Voya Columbia Small Cap Value II Portfolio	(A)	15,947	-
*	Voya Retirement Funds	Voya JPMorgan Mid Cap Value Portfolio	(A)	10,890	18,156
*	Voya Retirement Funds	Voya Large Cap Growth Portfolio	(A)	1,761	4,658
*	Voya Retirement Funds	Voya Money Market Portfolio	(A)	14,551	20,184
*	Voya Retirement Funds	Voya PIMCO Total Return Portfolio	(A)	3,137	2,001
*	Voya Retirement Funds	Voya Real Estate Fund	(A)	8,835	8,750
*	Voya Retirement Funds	Voya Solution 2015 Portfolio	(A)	40,746	30,009
*	Voya Retirement Funds	Voya Solution 2025 Portfolio	(A)	142,976	111,740
*	Voya Retirement Funds	Voya Solution 2035 Portfolio	(A)	91,520	93,115
*	Voya Retirement Funds	Voya Solution 2045 Portfolio	(A)	134,027	127,546
*	Voya Retirement Funds	Voya Solution 2055 Portfolio	(A)	36,005	20,817
*	Voya Retirement Funds	Voya Solution Income Portfolio	(A)	5,166	3,362
				<u>1,267,815</u>	<u>1,170,556</u>
				\$ 1,648,331	\$ 1,468,213

* Parties-In-Interest are noted with asterisk

(A) Cost information not required for participant-directed investments