

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>QUEST SPECIALTY CHEMICALS 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>QUEST SPECIALTY CHEMICALS, INC.</u> <u>N92W14701 ANTHONY AVENUE</u> <u>MENOMONEE FALLS, WI 53051</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>42-1650321</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>262-502-7531</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325500</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>42-1650321</u>	2c Plan Sponsor's telephone number <u>262-502-7531</u>	2d Business code (see instructions) <u>325500</u>	
2b Employer Identification Number (EIN) <u>42-1650321</u>					
2c Plan Sponsor's telephone number <u>262-502-7531</u>					
2d Business code (see instructions) <u>325500</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.	10/14/2015	MARCIE WESSINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 482
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 448 6a(2) 471 6b 0 6c 44 6d 515 6e 0 6f 515 6g 442 6h 19
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 2G 2J 2K 2T 3D 3H 2F 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) ☐ 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 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 QUEST SPECIALTY CHEMICALS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 QUEST SPECIALTY CHEMICALS, INC.	D Employer Identification Number (EIN) 42-1650321

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 FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	4157	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL SM CAP VAL II Z - COLUMBIA MGT P.O. BOX 8480 BOSTON, MA 02266		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD INTL OPPTS R4 - HARTFORD ADMIN		0.50%
41-0679409		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SM CP GRTH R - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MAINSTAY LGCP GR R1 - NYLIM SERVIC 52-2206685	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	0.50%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS EMERGING MKTS A - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.55%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WA CORE PLUS BOND FI - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.40%	
(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 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>QUEST SPECIALTY CHEMICALS 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUEST SPECIALTY CHEMICALS, INC.</u>		D Employer Identification Number (EIN) <u>42-1650321</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	425004	800744
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	539207	525686
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	17383771	18642153
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	18347982	19968583

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	18347982	19968583
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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)	680143	
(B) Participants	2a(1)(B)	1945100	
(C) Others (including rollovers)	2a(1)(C)	89629	
(2) Noncash contributions	2a(2)	0	2714872
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	408	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	24742	
(F) Other	2b(1)(F)	0	25150
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	1193230
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1193230	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1193230
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-248017
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3685235

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2033655	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2033655
f Corrective distributions (see instructions).....	2f		26813
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	4166	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4166
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2064634

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1620601
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: VRAKAS/BLUM, S.C.

(2) EIN: 39-1453055

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		1000000
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.		X	
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>QUEST SPECIALTY CHEMICALS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUEST SPECIALTY CHEMICALS, INC.</u>	D Employer Identification Number (EIN) <u>42-1650321</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>04-6568107</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): _____

**QUEST SPECIALTY CHEMICALS
401(K) PLAN**

FINANCIAL STATEMENTS - MODIFIED CASH BASIS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2014 AND 2013

WITH INDEPENDENT AUDITORS' REPORT



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Quest Specialty Chemicals 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of QUEST SPECIALTY CHEMICALS 401(K) PLAN, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, 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 certifications from the trustee as of and for the years ended December 31, 2014 and 2013, 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.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements and supplemental information were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

The accompanying financial statements have been prepared assuming that the plan will continue as a going concern. As discussed in Note 1 to the financial statements, management intends to terminate the plan as of December 31, 2015 and transfer all of the assets to other qualified employee benefit plans covering the participants. This indicates that the plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 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 for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information referred to above.

Report on Form and Content in Compliance With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, 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.

Vrakas S.C.

Brookfield, Wisconsin
October 8, 2015

QUEST SPECIALTY CHEMICALS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

	2014	2013
INVESTMENTS AT FAIR VALUE		
Fidelity Retirement Money Market Portfolio	\$ 800,744	\$ 425,004
Mutual funds		
Fidelity Contrafund Fund	757,336	577,817
Fidelity Capital & Income Fund	172,465	436,750
Fidelity International Discovery Fund	356,512	484,966
Fidelity Freedom 2000 Fund	-	80,687
Fidelity Freedom 2010 Fund	22,766	168,474
Fidelity Freedom 2015 Fund	884,615	1,039,772
Fidelity Freedom 2020 Fund	3,489,100	3,875,762
Fidelity Freedom 2025 Fund	3,071,838	2,669,988
Fidelity Freedom 2030 Fund	2,278,191	1,888,164
Fidelity Freedom 2035 Fund	1,931,434	1,610,205
Fidelity Freedom 2040 Fund	801,388	701,276
Fidelity Freedom 2045 Fund	433,317	336,587
Fidelity Freedom 2050 Fund	116,041	77,335
Fidelity Freedom 2055 Fund	32,918	3,133
Fidelity Freedom Income Fund	302,815	244,997
Fidelity Spartan 500 Index Fund - Advantage Class	1,281,228	796,160
PIMCO Total Return Administrative Fund	419,630	599,505
Morgan Stanley Institutional Mid Cap Growth A Fund	420,972	368,529
Columbia Small Cap Value II Z Fund	160,827	177,958
RS Emerging Markets A Fund	-	203,823
Artisan Mid Cap Value Investor Fund	583,115	389,666
Western Asset Core Plus Bond FI Fund	10,067	2,513
MainStay Large Cap Growth R1 Fund	133,435	229,668
MFS Value R3 Fund	274,423	210,212
Loomis Sayles Small Cap Growth Fund	203,922	209,824
Hartford International Opportunities Fund	104,352	-
Fidelity Large Cap Stock Fund	80,736	-
Fidelity Spartan International Index Fund	41,856	-
Fidelity Spartan US Bond Index Fund	276,854	-
TOTAL INVESTMENTS AT FAIR VALUE	19,442,897	17,808,775
NOTES RECEIVABLE FROM PARTICIPANTS	525,686	539,207
NET ASSETS AVAILABLE FOR BENEFITS	\$ 19,968,583	\$ 18,347,982

The accompanying notes are an integral part of these statements.

QUEST SPECIALTY CHEMICALS 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO		
Employee elective deferral contributions	\$ 1,945,100	\$ 1,366,686
Employer matching contributions	680,143	461,918
Rollover contributions	89,629	3,127,804
Dividend and capital gain distributions		
from mutual funds	1,193,230	682,474
Net appreciation (depreciation) in fair value of mutual funds	(248,017)	1,580,615
Interest income on Fidelity Retirement		
Money Market Portfolio	408	51
Interest income on notes receivable from participants	24,742	19,340
TOTAL ADDITIONS	3,685,235	7,238,888
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO		
Benefits to participants	2,033,655	1,290,492
Corrective distributions	26,813	-
Administrative fees	4,166	3,769
TOTAL DEDUCTIONS	2,064,634	1,294,261
NET CHANGE	1,620,601	5,944,627
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	18,347,982	12,403,355
End of year	\$ 19,968,583	\$ 18,347,982

The accompanying notes are an integral part of these statements.

QUEST SPECIALTY CHEMICALS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Participating employers - In March 2008, the Quest Specialty Chemicals 401(k) Plan was formed and the assets of the existing 401(k) plans of the following related entities were transferred into the plan. In June 2013, the companies had formal name changes and began doing business under the names listed below. Quest Specialty Chemicals Holdings, LLC is the parent company.

- United Coatings Manufacturing Co. became a component of Quest Construction Products, LLC
- Hydro-Stop LLC became a component of Quest Construction Products, LLC
- Raabe Company, LLC became a component of Quest Specialty Coatings, LLC doing business as Quest Industrial Products
- Matrix System Automotive Finishes, LLC became a component of Quest Specialty Coatings, LLC doing business as Quest Automotive Products

These entities are collectively referred to as the employer. Also in June 2013, the company acquired U.S. Chemicals & Plastics which became an additional covered employer operating in Quest Specialty Coatings, LLC.

All of the operating units of Quest Specialty Chemicals Holdings, LLC were sold to third parties during 2015. Management intends to terminate the Quest Specialty Chemicals 401(k) Plan as of December 31, 2015 and transfer all of the assets to other qualified employee benefit plans covering the participants. This indicates that the plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Method of accounting - The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain additions and the related assets are recognized when received rather than when earned and certain deductions are recognized when paid rather than when the obligation is incurred. That basis differs from accounting principles generally accepted in the United States of America primarily because the plan has not recognized contributions receivable and the related effect on changes in net assets in the accompanying financial statements.

Key parties of the plan - The employer is the plan sponsor and the plan administrator. Fidelity Management Trust Company (Fidelity) is the trustee and plan agent that holds custody of plan assets. Fidelity Workplace Services LLC is the third party administrator that maintains plan and participant records and performs various compliance tests as tax counsel.

Accounting estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Subsequent events - The financial statements include management's evaluation of the events and transactions occurring subsequent to December 31, 2014 through October 8, 2015, which is the date the financial statements were available to be issued.

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 - modified cash basis.

Investments - The plan sponsor determines the investments available to plan participants. The participants allocate their contributions and transfer existing balances among the available investment options. The investments in the money market portfolio and mutual funds are recorded at fair value based on quoted market prices. The net appreciation (depreciation) in fair value of investments bought, sold and held during the years is reflected in the statements of changes in net assets available for benefits - modified cash basis. Participants should refer to the prospectuses and annual reports of the mutual funds for more information.

Fair value measurements - Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows.

- Level 1 - Valuation is based upon quoted prices in active markets for identical investments.
- Level 2 - Valuation is based upon other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.).
- Level 3 - Valuation is based upon significant unobservable inputs (including the plan's assumptions in determining the fair value of investments).

The valuation methodology used to measure the money market portfolio and mutual funds is the published net asset value (NAV) of the shares held by the plan.

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

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2014 and 2013 as summarized below.

Investments at fair value as of December 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fidelity Retirement Money				
Market Portfolio	\$ 800,744	\$ -	\$ -	\$ 800,744
Mutual funds:				
Lifecycle funds	13,364,423	-	-	13,364,423
Large blend funds	1,361,964	-	-	1,361,964
Large growth funds	890,771	-	-	890,771
International/global funds	502,720	-	-	502,720
Large value fund	274,423	-	-	274,423
Mid cap funds	1,004,087	-	-	1,004,087
Small cap funds	364,749	-	-	364,749
Bond funds	879,016	-	-	879,016
Total investments at fair value	<u>\$19,442,897</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$19,442,897</u>

Investments at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Fidelity Retirement Money Market Portfolio	\$ 425,004	\$ -	\$ -	\$ 425,004
Mutual funds:				
Lifecycle funds	12,696,380	-	-	12,696,380
Large blend fund	796,160	-	-	796,160
Large growth funds	807,485	-	-	807,485
International/global funds	688,789	-	-	688,789
Large value fund	210,212	-	-	210,212
Mid cap funds	758,195	-	-	758,195
Small cap funds	387,782	-	-	387,782
Bond funds	1,038,768	-	-	1,038,768
Total investments at fair value	\$17,808,775	\$ -	\$ -	\$17,808,775

2. DESCRIPTION OF PLAN

The following brief description of the plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General - The plan has a deferred income arrangement as provided for by section 401(a) of the Internal Revenue Code of 1954, as amended. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments. The plan was amended and restated effective June 21, 2013 and again effective January 1, 2015.

Eligibility - Prior to January 1, 2014, employees were eligible to participate after they completed three months of service and prior to June 21, 2013 they also needed to be eighteen years old. Effective January 1, 2014, there is only a two month service requirement to participate in the plan. An employee can enter the plan on the first day of each month after meeting the eligibility requirements.

Contributions - Contributions to the plan can be made in the following ways:

- a. Participants may contribute a percentage of their wages subject to certain limitations (elective deferral contributions). Effective January 1, 2014, employees are automatically enrolled in the plan with 3% of their compensation withheld as elective deferral contributions. Effective January 1, 2015, the automatic enrollment percentage was increased to 5%. Participants have the option to increase, decrease or stop the deferral by completing the necessary documentation. Deferral elections can be changed on the first day of each month and may be revoked at any time.
- b. Participants may make rollover contributions from other qualified plans.
- c. For all non-union employees, the employer makes a matching contribution equal to 50% of the elective deferral contributions. The maximum amount eligible for matching is 6% of the employee's compensation. For all union employees hired after November 22, 2006, the employer will make a safe harbor contribution equal to 3% of the employee's compensation. The employee does not have to actively participate in the plan to be eligible for the safe harbor match. If the employee does contribute to the plan, the employer will also make a matching contribution equal to 50% of the elective deferral contributions with a maximum amount eligible for matching of 3% of the employee's compensation. Union employees hired prior to November 22, 2006 are allowed to make voluntary deferrals to the plan, but are not eligible for any safe harbor or matching contributions unless they elect to freeze their defined benefit plan benefits.

The plan was amended, effective January 1, 2015, for all non-union employees to receive a safe harbor employer matching contribution equal to 100% of the first 3% of eligible compensation plus 50% of the next 2% of eligible compensation.

- d. A non-elective contribution may be made at the employer's discretion. There were no non-elective contributions in 2014 and 2013. To receive a non-elective employer contribution, an employee must be employed on the last day of the year to which the contribution relates. This requirement is waived upon death, disability or attainment of the normal retirement age during the year to which the contribution relates.

Participant accounts - Earnings, including the fair value appreciation or depreciation, are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Each participant's account is credited with the participant's elective deferral and rollover contributions and an allocation of the employer's contributions, if any. Participants are allowed to transfer funds between the various investment options daily.

Vesting - Participants are always 100% vested in their elective deferral contributions, rollover contributions, safe harbor contributions, and the related earnings. Employer matching and non-elective contributions and the related earnings for non-union employees become 100% vested after one year of service. Union employees begin vesting in employer matching and non-elective contributions and the related earnings upon two full years of service, at which time they are 20% vested. The participant then vests at the rate of 20% for each year thereafter. Upon death, disability or qualified retirement participants become 100% vested.

Forfeitures - Forfeited nonvested accounts are retained in the plan and are used to pay certain administrative expenses and to reduce the amount of the employer's matching contributions. Unused forfeitures are not significant.

Benefits to participants - Benefit payments begin after death, disability, normal retirement or termination of employment. Participants will generally receive the distribution of their vested account balance in the form of a single lump sum payment. In addition, hardship withdrawals are permitted under the plan. In-service withdrawals can commence upon attaining the age of 59 ½.

Notes receivable from participants - Plan participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The maximum loan term for a general purpose loan is five years. Loan proceeds used to purchase a primary residence are generally payable over a period up to ten years. Participants may only have one loan outstanding at any given time. Loans are secured by the balance in the participant's account and bear interest at rates set by the plan administrator. Interest rates are fixed for the duration of the loan. As of December 31, 2014, the notes receivable from participants had interest rates ranging from 3.25% to 7.25% with various repayment schedules through February 2025. The notes receivable from participants are recorded at their unpaid principal balances plus any accrued but unpaid interest.

Administrative fees - Certain administrative fees of the plan are paid by the employer.

3. TERMINATION OF PLAN

As discussed in Note 1, the operating units of the employer have been sold to third parties and management intends to terminate the plan and transfer the assets to other qualified employee benefit plans.

4. RELATED PARTY TRANSACTIONS

Certain plan investments are shares of funds managed by Fidelity. Fidelity is the trustee and plan agent that holds custody of plan assets and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to Fidelity were \$4,166 in 2014 and \$3,769 in 2013. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. INCOME TAX STATUS

The plan adopted the Fidelity Basic Plan Document No. 14. This volume submitter plan received its most recent opinion letter on March 31, 2008 in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the opinion letter. The plan administrator has not obtained a separate Internal Revenue Service determination letter for the plan. The plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan was amended and restated effective January 1, 2015 and adopted a Fidelity volume submitter defined contribution plan. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the volume submitter plan as then designed was in compliance with the applicable requirements of the Internal Revenue Code.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the trustee has certified that the following data is complete and accurate.

- a. Investments held for the plan and the fair values of such as of December 31, 2014 and 2013;
- b. Investment income and net appreciation (depreciation) in fair value of investments during 2014 and 2013;
- c. Purchases and sales of investments during 2014 and 2013;
- d. Contributions to, withdrawals from and transfers between investment accounts during 2014 and 2013;
- e. Notes receivable from participants as of December 31, 2014 and 2013 and the increases and decreases in notes receivable from participants during 2014 and 2013, including interest income; and
- f. The report of individual participant accounts (which includes beginning account balances, contributions, net investment income, withdrawals, transfers and ending account balances) during 2014 and 2013.

Since the trustee certified the above information is complete and accurate with respect to investments, Department of Labor regulations allow these investments and related activity to be excluded from the scope of the independent auditors' auditing procedures. All noninvestment activity for the plan, including contributions, benefit payments and participant account activity, has been subject to the independent auditors' auditing procedures. See the accompanying independent auditors' report.

SUPPLEMENTARY INFORMATION

QUEST SPECIALTY CHEMICALS 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2014

(a)	(b) Identity of issuer/borrower	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity	Retirement Money Market Portfolio	**	\$ 800,744
*	Fidelity	Contrafund Fund	**	757,336
*	Fidelity	Capital & Income Fund	**	172,465
*	Fidelity	International Discovery Fund	**	356,512
*	Fidelity	Freedom 2010 Fund	**	22,766
*	Fidelity	Freedom 2015 Fund	**	884,615
*	Fidelity	Freedom 2020 Fund	**	3,489,100
*	Fidelity	Freedom 2025 Fund	**	3,071,838
*	Fidelity	Freedom 2030 Fund	**	2,278,191
*	Fidelity	Freedom 2035 Fund	**	1,931,434
*	Fidelity	Freedom 2040 Fund	**	801,388
*	Fidelity	Freedom 2045 Fund	**	433,317
*	Fidelity	Freedom 2050 Fund	**	116,041
*	Fidelity	Freedom 2055 Fund	**	32,918
*	Fidelity	Freedom Income Fund	**	302,815
*	Fidelity	Spartan 500 Index Fund - Advantage Class	**	1,281,228
	PIMCO	Total Return Administrative Fund	**	419,630
	Morgan Stanley	Institutional Mid Cap Growth A Fund	**	420,972
	Columbia	Small Cap Value II Z Fund	**	160,827
	Artisan	Mid Cap Value Investor Fund	**	583,115
	Western	Asset Core Plus Bond FI Fund	**	10,067
	MainStay	Large Cap Growth R1 Fund	**	133,435
	MFS	Value R3 Fund	**	274,423
	Loomis Sayles	Small Cap Growth Fund	**	203,922
	Hartford	International Opportunities Fund	**	104,352
*	Fidelity	Large Cap Stock Fund	**	80,736
*	Fidelity	Spartan International Index Fund	**	41,856
*	Fidelity	Spartan US Bond Index Fund	**	276,854
	Participant loans	Notes receivable from participants - various repayment schedules through February 2025, with interest rates ranging from 3.25% to 7.25%	-	525,686

This schedule was prepared from information certified by Fidelity Management Trust Company (Fidelity).

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.

**QUEST SPECIALTY CHEMICALS
401(K) PLAN**

FINANCIAL STATEMENTS - MODIFIED CASH BASIS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2014 AND 2013

WITH INDEPENDENT AUDITORS' REPORT



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Quest Specialty Chemicals 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of QUEST SPECIALTY CHEMICALS 401(K) PLAN, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, 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 certifications from the trustee as of and for the years ended December 31, 2014 and 2013, 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.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements and supplemental information were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

The accompanying financial statements have been prepared assuming that the plan will continue as a going concern. As discussed in Note 1 to the financial statements, management intends to terminate the plan as of December 31, 2015 and transfer all of the assets to other qualified employee benefit plans covering the participants. This indicates that the plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 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 for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental information referred to above.

Report on Form and Content in Compliance With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental information, 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.

Vrakas S.C.

Brookfield, Wisconsin
October 8, 2015

QUEST SPECIALTY CHEMICALS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

	2014	2013
INVESTMENTS AT FAIR VALUE		
Fidelity Retirement Money Market Portfolio	\$ 800,744	\$ 425,004
Mutual funds		
Fidelity Contrafund Fund	757,336	577,817
Fidelity Capital & Income Fund	172,465	436,750
Fidelity International Discovery Fund	356,512	484,966
Fidelity Freedom 2000 Fund	-	80,687
Fidelity Freedom 2010 Fund	22,766	168,474
Fidelity Freedom 2015 Fund	884,615	1,039,772
Fidelity Freedom 2020 Fund	3,489,100	3,875,762
Fidelity Freedom 2025 Fund	3,071,838	2,669,988
Fidelity Freedom 2030 Fund	2,278,191	1,888,164
Fidelity Freedom 2035 Fund	1,931,434	1,610,205
Fidelity Freedom 2040 Fund	801,388	701,276
Fidelity Freedom 2045 Fund	433,317	336,587
Fidelity Freedom 2050 Fund	116,041	77,335
Fidelity Freedom 2055 Fund	32,918	3,133
Fidelity Freedom Income Fund	302,815	244,997
Fidelity Spartan 500 Index Fund - Advantage Class	1,281,228	796,160
PIMCO Total Return Administrative Fund	419,630	599,505
Morgan Stanley Institutional Mid Cap Growth A Fund	420,972	368,529
Columbia Small Cap Value II Z Fund	160,827	177,958
RS Emerging Markets A Fund	-	203,823
Artisan Mid Cap Value Investor Fund	583,115	389,666
Western Asset Core Plus Bond FI Fund	10,067	2,513
MainStay Large Cap Growth R1 Fund	133,435	229,668
MFS Value R3 Fund	274,423	210,212
Loomis Sayles Small Cap Growth Fund	203,922	209,824
Hartford International Opportunities Fund	104,352	-
Fidelity Large Cap Stock Fund	80,736	-
Fidelity Spartan International Index Fund	41,856	-
Fidelity Spartan US Bond Index Fund	276,854	-
TOTAL INVESTMENTS AT FAIR VALUE	19,442,897	17,808,775
NOTES RECEIVABLE FROM PARTICIPANTS	525,686	539,207
NET ASSETS AVAILABLE FOR BENEFITS	\$ 19,968,583	\$ 18,347,982

The accompanying notes are an integral part of these statements.

QUEST SPECIALTY CHEMICALS 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO		
Employee elective deferral contributions	\$ 1,945,100	\$ 1,366,686
Employer matching contributions	680,143	461,918
Rollover contributions	89,629	3,127,804
Dividend and capital gain distributions		
from mutual funds	1,193,230	682,474
Net appreciation (depreciation) in fair value of mutual funds	(248,017)	1,580,615
Interest income on Fidelity Retirement		
Money Market Portfolio	408	51
Interest income on notes receivable from participants	24,742	19,340
TOTAL ADDITIONS	3,685,235	7,238,888
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO		
Benefits to participants	2,033,655	1,290,492
Corrective distributions	26,813	-
Administrative fees	4,166	3,769
TOTAL DEDUCTIONS	2,064,634	1,294,261
NET CHANGE	1,620,601	5,944,627
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	18,347,982	12,403,355
End of year	<u>\$ 19,968,583</u>	<u>\$ 18,347,982</u>

The accompanying notes are an integral part of these statements.

QUEST SPECIALTY CHEMICALS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Participating employers - In March 2008, the Quest Specialty Chemicals 401(k) Plan was formed and the assets of the existing 401(k) plans of the following related entities were transferred into the plan. In June 2013, the companies had formal name changes and began doing business under the names listed below. Quest Specialty Chemicals Holdings, LLC is the parent company.

- United Coatings Manufacturing Co. became a component of Quest Construction Products, LLC
- Hydro-Stop LLC became a component of Quest Construction Products, LLC
- Raabe Company, LLC became a component of Quest Specialty Coatings, LLC doing business as Quest Industrial Products
- Matrix System Automotive Finishes, LLC became a component of Quest Specialty Coatings, LLC doing business as Quest Automotive Products

These entities are collectively referred to as the employer. Also in June 2013, the company acquired U.S. Chemicals & Plastics which became an additional covered employer operating in Quest Specialty Coatings, LLC.

All of the operating units of Quest Specialty Chemicals Holdings, LLC were sold to third parties during 2015. Management intends to terminate the Quest Specialty Chemicals 401(k) Plan as of December 31, 2015 and transfer all of the assets to other qualified employee benefit plans covering the participants. This indicates that the plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Method of accounting - The accompanying financial statements have been prepared on the modified cash basis of accounting. Under that basis, certain additions and the related assets are recognized when received rather than when earned and certain deductions are recognized when paid rather than when the obligation is incurred. That basis differs from accounting principles generally accepted in the United States of America primarily because the plan has not recognized contributions receivable and the related effect on changes in net assets in the accompanying financial statements.

Key parties of the plan - The employer is the plan sponsor and the plan administrator. Fidelity Management Trust Company (Fidelity) is the trustee and plan agent that holds custody of plan assets. Fidelity Workplace Services LLC is the third party administrator that maintains plan and participant records and performs various compliance tests as tax counsel.

Accounting estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Subsequent events - The financial statements include management's evaluation of the events and transactions occurring subsequent to December 31, 2014 through October 8, 2015, which is the date the financial statements were available to be issued.

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 - modified cash basis.

Investments - The plan sponsor determines the investments available to plan participants. The participants allocate their contributions and transfer existing balances among the available investment options. The investments in the money market portfolio and mutual funds are recorded at fair value based on quoted market prices. The net appreciation (depreciation) in fair value of investments bought, sold and held during the years is reflected in the statements of changes in net assets available for benefits - modified cash basis. Participants should refer to the prospectuses and annual reports of the mutual funds for more information.

Fair value measurements - Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows.

- Level 1 - Valuation is based upon quoted prices in active markets for identical investments.
- Level 2 - Valuation is based upon other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.).
- Level 3 - Valuation is based upon significant unobservable inputs (including the plan's assumptions in determining the fair value of investments).

The valuation methodology used to measure the money market portfolio and mutual funds is the published net asset value (NAV) of the shares held by the plan.

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

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as of December 31, 2014 and 2013 as summarized below.

Investments at fair value as of December 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fidelity Retirement Money				
Market Portfolio	\$ 800,744	\$ -	\$ -	\$ 800,744
Mutual funds:				
Lifecycle funds	13,364,423	-	-	13,364,423
Large blend funds	1,361,964	-	-	1,361,964
Large growth funds	890,771	-	-	890,771
International/global funds	502,720	-	-	502,720
Large value fund	274,423	-	-	274,423
Mid cap funds	1,004,087	-	-	1,004,087
Small cap funds	364,749	-	-	364,749
Bond funds	879,016	-	-	879,016
Total investments at fair value	<u>\$19,442,897</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$19,442,897</u>

Investments at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Fidelity Retirement Money Market Portfolio	\$ 425,004	\$ -	\$ -	\$ 425,004
Mutual funds:				
Lifecycle funds	12,696,380	-	-	12,696,380
Large blend fund	796,160	-	-	796,160
Large growth funds	807,485	-	-	807,485
International/global funds	688,789	-	-	688,789
Large value fund	210,212	-	-	210,212
Mid cap funds	758,195	-	-	758,195
Small cap funds	387,782	-	-	387,782
Bond funds	1,038,768	-	-	1,038,768
Total investments at fair value	\$17,808,775	\$ -	\$ -	\$17,808,775

2. DESCRIPTION OF PLAN

The following brief description of the plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General - The plan has a deferred income arrangement as provided for by section 401(a) of the Internal Revenue Code of 1954, as amended. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments. The plan was amended and restated effective June 21, 2013 and again effective January 1, 2015.

Eligibility - Prior to January 1, 2014, employees were eligible to participate after they completed three months of service and prior to June 21, 2013 they also needed to be eighteen years old. Effective January 1, 2014, there is only a two month service requirement to participate in the plan. An employee can enter the plan on the first day of each month after meeting the eligibility requirements.

Contributions - Contributions to the plan can be made in the following ways:

- a. Participants may contribute a percentage of their wages subject to certain limitations (elective deferral contributions). Effective January 1, 2014, employees are automatically enrolled in the plan with 3% of their compensation withheld as elective deferral contributions. Effective January 1, 2015, the automatic enrollment percentage was increased to 5%. Participants have the option to increase, decrease or stop the deferral by completing the necessary documentation. Deferral elections can be changed on the first day of each month and may be revoked at any time.
- b. Participants may make rollover contributions from other qualified plans.
- c. For all non-union employees, the employer makes a matching contribution equal to 50% of the elective deferral contributions. The maximum amount eligible for matching is 6% of the employee's compensation. For all union employees hired after November 22, 2006, the employer will make a safe harbor contribution equal to 3% of the employee's compensation. The employee does not have to actively participate in the plan to be eligible for the safe harbor match. If the employee does contribute to the plan, the employer will also make a matching contribution equal to 50% of the elective deferral contributions with a maximum amount eligible for matching of 3% of the employee's compensation. Union employees hired prior to November 22, 2006 are allowed to make voluntary deferrals to the plan, but are not eligible for any safe harbor or matching contributions unless they elect to freeze their defined benefit plan benefits.

The plan was amended, effective January 1, 2015, for all non-union employees to receive a safe harbor employer matching contribution equal to 100% of the first 3% of eligible compensation plus 50% of the next 2% of eligible compensation.

- d. A non-elective contribution may be made at the employer's discretion. There were no non-elective contributions in 2014 and 2013. To receive a non-elective employer contribution, an employee must be employed on the last day of the year to which the contribution relates. This requirement is waived upon death, disability or attainment of the normal retirement age during the year to which the contribution relates.

Participant accounts - Earnings, including the fair value appreciation or depreciation, are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Each participant's account is credited with the participant's elective deferral and rollover contributions and an allocation of the employer's contributions, if any. Participants are allowed to transfer funds between the various investment options daily.

Vesting - Participants are always 100% vested in their elective deferral contributions, rollover contributions, safe harbor contributions, and the related earnings. Employer matching and non-elective contributions and the related earnings for non-union employees become 100% vested after one year of service. Union employees begin vesting in employer matching and non-elective contributions and the related earnings upon two full years of service, at which time they are 20% vested. The participant then vests at the rate of 20% for each year thereafter. Upon death, disability or qualified retirement participants become 100% vested.

Forfeitures - Forfeited nonvested accounts are retained in the plan and are used to pay certain administrative expenses and to reduce the amount of the employer's matching contributions. Unused forfeitures are not significant.

Benefits to participants - Benefit payments begin after death, disability, normal retirement or termination of employment. Participants will generally receive the distribution of their vested account balance in the form of a single lump sum payment. In addition, hardship withdrawals are permitted under the plan. In-service withdrawals can commence upon attaining the age of 59 ½.

Notes receivable from participants - Plan participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The maximum loan term for a general purpose loan is five years. Loan proceeds used to purchase a primary residence are generally payable over a period up to ten years. Participants may only have one loan outstanding at any given time. Loans are secured by the balance in the participant's account and bear interest at rates set by the plan administrator. Interest rates are fixed for the duration of the loan. As of December 31, 2014, the notes receivable from participants had interest rates ranging from 3.25% to 7.25% with various repayment schedules through February 2025. The notes receivable from participants are recorded at their unpaid principal balances plus any accrued but unpaid interest.

Administrative fees - Certain administrative fees of the plan are paid by the employer.

3. TERMINATION OF PLAN

As discussed in Note 1, the operating units of the employer have been sold to third parties and management intends to terminate the plan and transfer the assets to other qualified employee benefit plans.

4. RELATED PARTY TRANSACTIONS

Certain plan investments are shares of funds managed by Fidelity. Fidelity is the trustee and plan agent that holds custody of plan assets and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to Fidelity were \$4,166 in 2014 and \$3,769 in 2013. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. INCOME TAX STATUS

The plan adopted the Fidelity Basic Plan Document No. 14. This volume submitter plan received its most recent opinion letter on March 31, 2008 in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the opinion letter. The plan administrator has not obtained a separate Internal Revenue Service determination letter for the plan. The plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan was amended and restated effective January 1, 2015 and adopted a Fidelity volume submitter defined contribution plan. The volume submitter plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the volume submitter plan as then designed was in compliance with the applicable requirements of the Internal Revenue Code.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the trustee has certified that the following data is complete and accurate.

- a. Investments held for the plan and the fair values of such as of December 31, 2014 and 2013;
- b. Investment income and net appreciation (depreciation) in fair value of investments during 2014 and 2013;
- c. Purchases and sales of investments during 2014 and 2013;
- d. Contributions to, withdrawals from and transfers between investment accounts during 2014 and 2013;
- e. Notes receivable from participants as of December 31, 2014 and 2013 and the increases and decreases in notes receivable from participants during 2014 and 2013, including interest income; and
- f. The report of individual participant accounts (which includes beginning account balances, contributions, net investment income, withdrawals, transfers and ending account balances) during 2014 and 2013.

Since the trustee certified the above information is complete and accurate with respect to investments, Department of Labor regulations allow these investments and related activity to be excluded from the scope of the independent auditors' auditing procedures. All noninvestment activity for the plan, including contributions, benefit payments and participant account activity, has been subject to the independent auditors' auditing procedures. See the accompanying independent auditors' report.

SUPPLEMENTARY INFORMATION

QUEST SPECIALTY CHEMICALS 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2014

(a)	(b) Identity of issuer/borrower	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity	Retirement Money Market Portfolio	**	\$ 800,744
*	Fidelity	Contrafund Fund	**	757,336
*	Fidelity	Capital & Income Fund	**	172,465
*	Fidelity	International Discovery Fund	**	356,512
*	Fidelity	Freedom 2010 Fund	**	22,766
*	Fidelity	Freedom 2015 Fund	**	884,615
*	Fidelity	Freedom 2020 Fund	**	3,489,100
*	Fidelity	Freedom 2025 Fund	**	3,071,838
*	Fidelity	Freedom 2030 Fund	**	2,278,191
*	Fidelity	Freedom 2035 Fund	**	1,931,434
*	Fidelity	Freedom 2040 Fund	**	801,388
*	Fidelity	Freedom 2045 Fund	**	433,317
*	Fidelity	Freedom 2050 Fund	**	116,041
*	Fidelity	Freedom 2055 Fund	**	32,918
*	Fidelity	Freedom Income Fund	**	302,815
*	Fidelity	Spartan 500 Index Fund - Advantage Class	**	1,281,228
	PIMCO	Total Return Administrative Fund	**	419,630
	Morgan Stanley	Institutional Mid Cap Growth A Fund	**	420,972
	Columbia	Small Cap Value II Z Fund	**	160,827
	Artisan	Mid Cap Value Investor Fund	**	583,115
	Western	Asset Core Plus Bond FI Fund	**	10,067
	MainStay	Large Cap Growth R1 Fund	**	133,435
	MFS	Value R3 Fund	**	274,423
	Loomis Sayles	Small Cap Growth Fund	**	203,922
	Hartford	International Opportunities Fund	**	104,352
*	Fidelity	Large Cap Stock Fund	**	80,736
*	Fidelity	Spartan International Index Fund	**	41,856
*	Fidelity	Spartan US Bond Index Fund	**	276,854
	Participant loans	Notes receivable from participants - various repayment schedules through February 2025, with interest rates ranging from 3.25% to 7.25%	-	525,686

This schedule was prepared from information certified by Fidelity Management Trust Company (Fidelity).

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.