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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/2015

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ANGUS CHEMICAL COMPANY

1500 E. LAKE COOK RD
BUFFALO GROVE, IL 60089

2b Employer Identification Number (EIN)
36-3185557

2c Plan Sponsor's telephone number
847-808-3475

2d Business code (see instructions)
325900

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.	10/08/2019	JOHN C. SILLS
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	313
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	237
a(2) Total number of active participants at the end of the plan year	**6a(2)**	230
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	70
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	300
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	300
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	294
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3F

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ANGUS CHEMICAL COMPANY

D Employer Identification Number (EIN)
36-3185557

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COLUMBIA
ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

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

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

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

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

ADP, LLC

13-3036745

(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 50 15 64	RECORD KEEPER	8290	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
60 59	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00050 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN 605 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10158	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ANGUS CHEMICAL COMPANY

D Employer Identification Number (EIN)
36-3185557

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	387943	498050
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11462015	11579200
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11849958	12077250
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11849958	12077250

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	416868	
	(B) Participants	2a(1)(B)	2034801	
	(C) Others (including rollovers)	2a(1)(C)	226508	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2678177
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	22267	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22267
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	399887	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		399887
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1155431
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1944900
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1707749	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1707749
f Corrective distributions (see instructions)	2f		614
g Certain deemed distributions of participant loans (see instructions)	2g		955
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8290	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8290
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1717608
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		227292
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ANGUS CHEMICAL COMPANY

D Employer Identification Number (EIN)
36-3185557

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** 0

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): 57-1198022

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANGUS CHEMICAL COMPANY 401(k) AND PROFIT SHARING PLAN

Buffalo Grove, Illinois

FINANCIAL STATEMENTS

December 31, 2018 and 2017

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Buffalo Grove, Illinois

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December 31, 2018 and 2017

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

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Buffalo Grove, Illinois

Report on the Financial Statements

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Management's Responsibility for the Financial Statements

Mana□emen□ is res□onsible for □□e □re□ara□ion and fair □resen□a□ion of □□ese financial s□a□emen□s in accordance □i□□ accoun□in□ □rinci□les □enerall□ acce□□ed in □□e □ni□ed □a□es of □merica□ □□is includes □□e desi□n, im□lemen□a□ion, and main□enance of in□ernal con□rol relevan□ □o □□e □re□ara□ion and fair □resen□a□ion of financial s□a□emen□s □a□ are free from ma□erial miss□a□emen□, □□e□□er due □o fraud or error□

Auditor's Responsibility

□ur res□onsibili□□ is □o e□□ress an o□inion on □□ese financial s□a□emen□s based on conduc□in□ □□e audi□s in accordance □i□□ audi□in□ s□andards □enerall□ acce□□ed in □□e □ni□ed □a□es of □merica□ Because of □□e ma□□er described in □□e Basis for Disclaimer of □□inion □ara□ra□□, □o□ever, □e □ere no□able □o ob□ain sufficien□ a□□ro□ria□e audi□evidence □o □rovide a basis for an audi□o□inion□

Basis for Disclaimer of Opinion

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Disclaimer of Opinion

Because of □□e si□nificance of □□e ma□□er described in □□e Basis for Disclaimer of □□inion □ara□ra□□, □e □ave no□ been able □o ob□ain sufficien□ a□□ro□ria□e audi□evidence □o □rovide a basis for an audi□o□inion□ □ccordin□l□, □e do no□ e□□ress an o□inion on □□ese financial s□a□emen□s□

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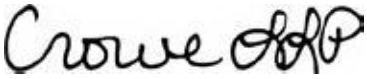
Report on Form and Content in Compliance with DOL Rules and Regulations

□□e form and con□en□of □□e informa□ion included in □□e financial s□a□emen□s and su□□lemen□al sc□edule, o□□er □□an □□a□derived from □□e informa□ion cer□ified b□ □□e □rus□ee, □ave been audi□ed b□us in accordance □i□□ audi□in□ s□andards □enerall□ acce□□ed in □□e □ni□ed □□a□es of □merica and, in our o□inion, are □resen□ed in com□liance □i□□ □□e De□ar□men□of □abor□s □ules and □e□ula□ions for □e□or□in□ and Disclosure under □□e □m□lo□ee □e□iremen□Income □ecuri□□ □c□of 1□7□□



□ro□e □□□

□a□Broo□, Illinois
□c□ober 2, 201□

	2018	2017
ASSETS		
Inves□men□s, a□fair value	□ 11,□7□,200	□ 11,□□2,01□
□eceivables		
□om□an□con□ribu□ions	13,30□	□□,□10
□o□es receivable from □ar□ici□an□s	□□8,0□0	□18,700
	□11,3□□	□7□,210
TOTAL NET ASSETS AVAILABLE FOR BENEFITS	□ 12,0□0,□□□	□ 11,□37,22□

Additions to net assets attributed to:	
In□eres□and dividends	□ 3□□,887
In□eres□income on no□es receivable from □ar□ici□an□s	22,2□7
	□22,1□□
□on□ribu□ions	
□m□lo□er	373,□□□
□ar□ici□an□s	2,03□,801
□ollovers	22□,□08
	2,□3□,□73
□o□al addi□ions	3,0□7,127
Deductions from net assets attributed to:	
□e□de□recia□ion in fair value of inves□men□s	1,1□□,□31
Benefi□s □aid □o □ar□ici□an□s	1,7□0,07□
□dminis□ra□ive e□□enses	8,2□0
□o□al deduc□ions	2,□03,7□□
Net increase	1□3,331
Net assets available for benefits	
Be□innin□ of □ear	11,□37,22□
□nd of □ear	□ 12,0□0,□□□

NOTE 1 - DESCRIPTION OF PLAN

□□e follo□in□ descri□tion of □e □□G□□ □□emical □om□an□ □01□□□and □rofi□□□arin□ □lan □□e □lan□ □rovides onl□ □eneral information□ □ari□i□an□s s□ould refer □o □e □lan a□reemen□for a more com□le□e descri□tion of □e □lan□s □rovisions□

General□ □□e □lan is a defined con□ribu□ion □lan coverin□ all eli□ible em□lo□ees of □□G□□ □□emical □om□an□ □□e □om□an□, ado□ed and effec□ive □ebruar□1, 201□□□□e □lan is sub□ec□o □e □rovisions of □e □m□lo□ee □e□iremen□Income □ecuri□□c□of 1□7□ □□□I□□□, as amended□□eased em□lo□ees and □ar□ □ime□em□orar□seasonal em□lo□ees are no□eli□ible □o □ari□i□a□e in □e □lan□□on□union em□lo□ees are eli□ible □o receive □rofi□s□arin□ con□ribu□ions u□on a□ainmen□of a□e 21 and com□le□ion of 12 mon□□s or 1,000 □ours of service□

□on□ribu□ions□ □ac□ □ear, □ari□i□an□s ma□ con□ribu□e u□ □o □0□ of eli□ible com□ensa□ion, as defined in □e □lan□ □m□lo□ees are au□oma□icall□enrolled a□a 3□ deferral ra□e u□on becomin□eli□ible □o □ari□i□a□e in □e □lan□□m□lo□ees deferral ra□e is au□oma□icall□increased 1□ □er □ear un□il □e□reac□a 10□ deferral ra□e□ □m□lo□ees ma□elec□o c□an□e or discon□inue deferrals a□an□ □ime□□ari□i□an□s □□o □ave a□ained a□e □0 before □e end of □e □lan □ear are eli□ible □o ma□e ca□c□u□ con□ribu□ions□ □ari□i□an□s ma□also con□ribu□e amoun□s re□resen□in□ dis□ribu□ions from o□□er □ualified □lans□

□ffec□ive □anuar□1, 2018, b□ unanimous consen□of □e Board of Direc□ors, □e □lan elec□ed □o discon□inue i□s safe □arbor ma□c□in□ con□ribu□ions and □o □ermi□discre□ionar□ ma□c□in□ con□ribu□ions □i□ a ma□c□ of □0□ of □e firs□3□ of deferred com□ensa□ion □er eli□ible □ari□i□an□□□e □om□an□ ma□, a□i□s discre□ion, ma□e addi□ional □rofi□s□arin□ con□ribu□ions □o □e □lan on an annual basis□□□e □om□an□ did no□ma□e an□□rofi□s□arin□ con□ribu□ions for □e □lan □ear ended December 31, 2018□ □on□ribu□ions are sub□ec□□o cer□ain limi□a□ions□

□ari□i□an□□ccoun□s□ □ac□ □ari□i□an□s accoun□is credi□ed □i□□ □e □ari□i□an□s con□ribu□ions and an alloca□ion of □a□□e □om□an□s con□ribu□ions, □b□□lan earnin□s, and □c□forfei□ures of em□lo□er □rofi□ s□arin□ con□ribu□ions, and is c□ar□ed □i□□ □is or □er □i□dra□als and an alloca□ion of admini□ra□ive e□□enses□ □lloca□ions are based on □ari□i□an□con□ribu□ions, eli□ible com□ensa□ion, □ari□i□an□accoun□ balances, or s□ecific □ari□i□an□□ransac□ions, as defined□ □□e benefi□□o □□ic□a □ari□i□an□is en□i□led is □e benefi□□a□can be □rovided from □e □ari□i□an□s ves□ed accoun□□ □ac□ □ari□i□an□direc□s □e inves□men□of □is or □er accoun□□o an□of □e inves□men□o□ions available under □e □lan□

□e□iremen□, Dea□□ and Disabili□□□ □ □ari□i□an□is en□i□led □o 100□ of □is or □er accoun□balance u□on re□iremen□, dea□□ or disabili□□□

□es□in□□ □ari□i□an□s are immedia□el□ ves□ed in □eir con□ribu□ions and rollovers □lus ac□ual earnin□s □ereon□ □ari□i□an□s are immedia□el□ ves□ed in em□lo□er safe □arbor ma□c□ con□ribu□ions□□es□in□ in □e □rofi□s□arin□ con□ribu□ions, □lus earnin□s □ereon, is based on □ears of con□inuous service□ □ □ari□i□an□ is 100□ ves□ed af□er □ree □ears of credi□ed service□

□a□men□of Benefi□s□ □□on □ermina□ion of service, a □ari□i□an□is eli□ible □o receive an amoun□e□ual □o □e value of □e □ari□i□an□s ves□ed in□eres□in □is or □er accoun□□ Benefi□amoun□s under □□,000 are au□oma□icall□ dis□ribu□ed □o □ari□i□an□s□ □ari□i□an□s or □eir beneficiaries u□on □e dea□□ of □e □ari□i□an□□ma□ elec□□o receive □eir ves□ed accoun□balances as a sin□le lum□ sum or in ins□allmen□ □a□men□s□In cer□ain circums□ances, □ari□i□an□s ma□ma□e □ards□i□ □i□dra□als□as defined in □e □lan□ □c□ive □ari□i□an□s ma□also □a□e dis□ribu□ions from □e □lan u□on a□ainmen□of a□e □□□□

NOTE 1 - DESCRIPTION OF PLAN □on□inued□

□o□es □eceivable from □ar□ici□an□s □ar□ici□an□s ma□ borro□ from □eir fund accoun□s a minimum of □1,000 and a ma□imum of □□0,000 or □0□ of □eir ves□ed accoun□balance, □□ic□ever is less□ □□e loans are secured b□ □□e balance in □□e □ar□ici□an□s accoun□and bear in□eres□a□ra□es □□a□are commensura□e □i□ mar□e□ra□es for similar loans□ □ll loans are covered b□ demand no□es and are re□a□able □rou□□ □a□roll deduc□ions□

□orfei□ures□ □orfei□ures are used □o offse□ fu□ure em□lo□er ma□c□in□ con□ribu□ions or adminis□ra□ive e□□enses of □□e □lan□

□lan □ermina□ion□ □l□ou□□ i□□as no□e□□ressed an□in□en□o do so, □□e □om□an□ □as □□e ri□□□under □□e □lan a□reemen□o discon□inue con□ribu□ions a□an□ □ime and □o □ermina□e □□e □lan sub□ec□□o □rovisions of □□l□□□ In □□e even□of □lan □ermina□ion, □ar□ici□an□s □ould become 100□ ves□ed in □eir □om□an□ con□ribu□ions and earnin□s □□ereon□

□dminis□ra□ive and Inves□men□Mana□emen□□□□enses□ □er□ain e□□enses of main□ainin□ □□e □lan are □aid direc□l□b□□□e □om□an□and are e□cluded from □ese financial s□a□emen□s□□lan record□ee in□ and □rus□ee fees are □aid b□ □□e □lan and are reflec□ed in □□e financial s□a□emen□s as adminis□ra□ive e□□enses□ □ees rela□ed □o □□e adminis□ra□ion of no□es receivable from □ar□ici□an□s are c□ar□ed direc□l□ □o □□e □ar□ici□an□s accoun□and are included in adminis□ra□ive e□□enses□ Inves□men□mana□emen□fees are c□ar□ed □o □□e □lan as a reduc□ion of inves□men□re□urn and included in □□e inves□men□income □loss□re□or□ed b□ □□e □lan□

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of □ccoun□in□□ □□e financial s□a□emen□s of □□e □lan are □re□ared on □□e accrual basis of accoun□in□□

□se of □s□ima□es□ □□e □re□ara□ion of financial s□a□emen□s in conformi□□ □i□ accoun□in□ □rinci□les □enerall□ acce□□ed in □□e □ni□ed □a□es of □merica re□uires □□e □lan adminis□ra□or □o ma□e es□ima□es and assum□ions □□a□affec□ cer□ain re□or□ed amoun□s and disclosures, and ac□ual resul□s ma□differ from □ese es□ima□es□

Inves□men□□□alua□ion and Income □eco□ni□ion□ □□e □lan□s inves□men□s are re□or□ed a□fair value□□air value is □□e □rice □□a□□ould be received b□ □□e □lan for an asse□or □aid b□ □□e □lan □o □ransfer a liabili□□in an orderl□ □ransac□ion be□□een mar□e□□□ar□ici□an□s on □□e measuremen□da□e in □□e □lan□s □rinci□al or mos□ advan□a□eous mar□e□for □□e asse□or liabili□□

□urc□ases and sales of securi□ies are recorded on a □rade□da□e basis□ In□res□income is recorded on □□e accrual basis□ Dividends are recorded on □□e e□□dividend da□e□ □□e a□□reci□a□ion □de□reci□a□ion□includes □□e □lan□s □ains and losses on inves□men□s bou□□□and sold as □ell as □eld durin□ □□e □ear□

□o□es □eceivable from □ar□ici□an□s□□o□es receivable from □ar□ici□an□s are re□or□ed a□□□eir un□aid □rinci□al balance □lus an□accrued bu□un□aid in□eres□, □i□□no allo□ance for □redi□losses, as re□a□men□s of □rinci□al and in□eres□are received □rou□□ □a□roll deduc□ions and □□e no□es are collate□ali□ed b□ □□e □ar□ici□an□s accoun□balances□□□ela□ed fees are recorded as adminis□ra□ive e□□enses and are e□□ensed □□en □□e□are incurred□If a □ar□ici□an□ceases □o ma□e loan re□a□men□s and □□e □lan adminis□ra□or deems □□e □ar□ici□an□ loan □o be in defaul□, □□e □ar□ici□an□loan balance is reduced and a benefi□□a□men□is recorded□

□a□men□of Benefi□s□ Benefi□s are recorded □□en □aid□

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES □on□inued□

□is□s and □ncer□ain□ies□ □□e □lan □olds various inves□men□s□ Inves□men□s are e□□osed □o various ris□s suc□ as in□eres□ ra□e, mar□e□, li□uidi□□ and credi□ ris□s□ Due □o □□e level of ris□ associa□ed □i□□ cer□ain inves□men□s and □□e sensi□ivi□□ of cer□ain fair value es□ima□es □o c□an□es in valua□ion assum□□ions, i□is a□ leas□ reasonabl□ □ossible □a c□an□es in □□e fair values of inves□men□s □ill occur in □□e near □erm and □□a□ suc□ c□an□es could ma□eriall□ affec□ □ar□ici□an□s□accoun□balances and □□e amoun□s re□or□ed in □□e s□a□emen□of ne□asse□s available for benefi□s□

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

□ubs□an□iall□ all informa□ion □er□ainin□ □o □□e □lan□s inves□men□s included in □□e financial s□a□emen□s, includin□ □□e associa□ed inves□men□income □loss□, □as ob□ained or derived from informa□ion su□□lied □o □□e □lan adminis□ra□or and cer□ified as com□le□e and accura□e b□□eliance □rus□□om□an□. □□is informa□ion □as no□been audi□ed b□inde□enden□accoun□an□s□

NOTE 4 - FAIR VALUE MEASUREMENTS

□air value measuremen□s are de□ermined b□ ma□imi□in□ □□e use of observable in□u□s and minimi□in□ □□e use of unobservable in□u□s□ □□e □ierarc□□ □laces □□e □i□□es□□riori□□ on unad□us□ed □uo□ed mar□e□□rices in ac□ive mar□e□s for iden□ical asse□s or liabili□ies □□evel 1 measuremen□s□and □ives □□e lo□es□□riori□□ □o unobservable in□u□s □□evel 3 measuremen□s□□ □□e □ree levels of in□u□s □i□in □□e fair value □ierarc□□are defined as follo□s□

> *Level 1:* □uo□ed □rices □unad□us□ed□for iden□ical asse□s or liabili□ies in ac□ive mar□e□s □a□□□e □lan □as □□e abili□□ □o access as of □□e measuremen□da□e□
>
> *Level 2:* □i□nifican□o□□er observable in□u□s o□□er □an □evel 1 □rices suc□ as □uo□ed □rices for similar asse□s or liabili□ies□□uo□ed □rices in mar□e□s □a□are no□ac□ive□or o□□er in□u□s □a□are observable or can be corrobora□ed b□observable mar□e□da□a□
>
> *Level 3:* □i□nifican□unobservable in□u□s □a□reflec□ □□e □lan□s o□n assum□ions abou□ □□e assum□ions □a□mar□e□□ar□ici□an□s □ould use in □ricin□ an asse□or liabili□□□

In some cases, a valua□ion □ec□ni□ue used □o measure fair value ma□include in□u□s from mul□i□le levels of □□e fair value □ierarc□□□□□e lo□es□level of si□nifican□in□u□de□ermines □□e □lacemen□of □□e en□ire fair value measuremen□in □□e □ierarc□□□

□□e follo□in□ □resen□s □□e valua□ion me□□ods and assum□ions used b□ □□e □lan □o es□ima□e □□e fair values of inves□men□s□

Mu□ual □unds□ □□e fair values of mu□ual fund inves□men□s are de□ermined b□ ob□ainin□ □uo□ed □rices on na□ionall□ reco□ni□ed securi□ies e□c□an□es □□evel 1 in□u□s□□

NOTE 4 - FAIR VALUE MEASUREMENTS □on□inued□

Inves□men□s measured a□fair value on a recurrin□ basis are summari□ed belo□□

		□air □alue Measuremen□s a□December 31, 2018, □sin□		
	□o□al	□uo□ed □rices in □c□ive Mar□e□s for Iden□ical □sse□s □□evel 1□	□i□nifican□ □□er □bservable In□u□s □□evel 2□	□i□nifican□ □nobservable In□u□s □□evel 3□
Mu□ual funds	□ 11,□7□,200	□ 11,□7□,200	□	□
□o□al	□ 11,□7□,200	□ 11,□7□,200	□	□

		□air □alue Measuremen□s a□December 31, 2017, □sin□		
	□o□al	□uo□ed □rices in □c□ive Mar□e□s for Iden□ical □sse□s □□evel 1□	□i□nifican□ □□er □bservable In□u□s □□evel 2□	□i□nifican□ □nobservable In□u□s □□evel 3□
Mu□ual funds	□ 11,□□2,01□	□ 11,□□2,01□	□	□
□o□al	□ 11,□□2,01□	□ 11,□□2,01□	□	□

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

□ar□ies□in□in□eres□are defined under D□□ re□ula□ions as an□ fiduciar□ of □□e □lan, an□ □ar□□ renderin□ service □o □□e □lan, □□e em□lo□er, and cer□ain o□□ers□ □er□ain admini□ra□ive func□ions are □erformed b□ officers or em□lo□ees of □□e □om□an□□ □o suc□ officer or em□lo□ee receives com□ensa□ion from □□e □lan□ □ome admini□ra□ive e□□enses of □□e □lan are □aid direc□l□ b□ □□e □om□an□□□eliance □rus□□om□an□is □□e □lan□s curren□ □rus□ee and □u□oma□ic Da□a □rocessin□ □e□iremen□ □ervices □□D□, Inc□□ is □□e record□ee□er□□□erefore, □□e □lan□s □a□men□of □rus□ee fees, inves□men□mana□emen□and admini□ra□ive fees □o □eliance □rus□□om□an□ or □D□, Inc□□ualif□ as □ar□□in□in□eres□□ransac□ions□□o□es receivable from □ar□ici□an□s also reflec□□ar□□in□in□eres□□ransac□ions□

NOTE 6 - TAX STATUS

□□e In□ernal □evenue □ervice issued an o□inion le□□er da□ed □ul□ 1□, 201□ indica□in□ □□a□□□e □ro□o□□□e ado□□ed b□ □□e □lan, as □□en desi□ned, □as in com□liance □i□ □□a□□licable re□uiremen□s of □□e In□ernal □evenue □ode□ □l□ou□□ □□e □lan □as been amended from □□e ori□inal □ro□o□□□e documen□, □lan mana□emen□believes □□a□□□e □lan is curren□□ bein□ o□era□ed in accordance □i□□ □□e In□ernal □evenue □ode□□□erefore, □□e□believe □□a□□□e □lan □as □ualified and □□e rela□ed rus□□as □a□□e□em□□as of □□e financial s□a□emen□da□e□

□ccoun□in□ □rinci□les □enerall□ acce□□ed in □□e □ni□ed □a□es of □merica re□uire □lan mana□emen□□o evalua□e □a□ □osi□ions □a□en b□ □□e □lan□□□e □lan adminis□ra□or □as anal□□ed □□e □a□ □osi□ions □a□en b□ □□e □lan, and □as concluded □□a□as of December 31, 2018, □□ere are no uncer□ain □osi□ions □a□en or e□□ec□ed □o be □a□en □□a□□ould re□uire reco□ni□ion of a liabili□□ or asse□□or disclosure in □□e financial s□a□emen□s□□□e □lan is sub□ec□□o rou□ine audi□s b□ □a□in□ □urisdic□ions□□o□ever, □□ere are curren□□ no audi□s for an□ □a□ □eriods in □ro□ress□□□e □lan adminis□ra□or believes i□ is no lon□er sub□ec□□o income □a□ e□amina□ions for □ears □rior □o 201□.

NOTE 7 - SUBSEQUENT EVENTS

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NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

□□e follo□in□ is a reconcilia□ion of ne□asse□s available for benefi□s □er □□e financial s□a□emen□s a□ December 31, 2018 and 2017 □o □□e □orm □□00□

	2018	2017
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□□e follo□in□ is a reconcilia□ion of □□e c□an□e in ne□asse□s available for benefi□s for □□e □ear ended December 31, 2018, □er □□e financial s□a□emen□s, □o □□e ne□income re□or□ed in □□e 2018 □orm □□00□

□□an□e in ne□asse□s available for benefi□s □er □□e financial s□a□emen□s	□ 1□3,331
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SUPPLEMENTAL SCHEDULE

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Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

PlanID: 421677

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- ☒ 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
ANGUS CHEMICAL COMPANY 401(K)
AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/2015

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ANGUS CHEMICAL COMPANY

1500 E. LAKE COOK RD

BUFFALO GROVE IL 60089

2b Employer Identification Number (EIN) 36-3185557

2c Plan Sponsor's telephone number (847)808-3475

2d Business code (see instructions) 325900

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	John C Sills	10/7/19	John C. Sills
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	John C Sills	10/7/19	John C Sills
	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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d			
e	Was this plan covered by a fidelity bond?	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?	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?	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?	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.)	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.)	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?	4k			
l	Has the plan failed to provide any benefit when due under the plan?	4l			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN **EIN:** 36-3185557
Plan Sponsor's Name ANGUS CHEMICAL COMPANY **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 6.25%)		498,050
	BLK LP INDEX 2055 FUND - INST	REGISTERED INVESTMENT COMPANY		294,956
	PIMCO TOTAL RETURN FUND - INST	REGISTERED INVESTMENT COMPANY		38,737
	BLK LP INDEX RET FUND - INST	REGISTERED INVESTMENT COMPANY		86,872
	BLK LP INDEX 2035 FUND INST	REGISTERED INVESTMENT COMPANY		962,239
	VAN GLOBAL EQUITY - INV	REGISTERED INVESTMENT COMPANY		197,111
	VAN EXT MKT IDX - INV	REGISTERED INVESTMENT COMPANY		487,579

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN **EIN:** 36-3185557
Plan Sponsor's Name ANGUS CHEMICAL COMPANY **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD LONG TRM TREASURY ADM	REGISTERED INVESTMENT COMPANY		238,738
	PIMCO REAL RETURN FUND - INSTL	REGISTERED INVESTMENT COMPANY		9,303
	BLK LP INDEX 2030 FUND INST	REGISTERED INVESTMENT COMPANY		819,438
	DRY/THE BOS CO SM/MD CP GR Y	REGISTERED INVESTMENT COMPANY		363,221
	BLK LP INDEX 2040 FUND - INST	REGISTERED INVESTMENT COMPANY		414,311
	NEUBERGER BERMAN GENESIS INSTL	REGISTERED INVESTMENT COMPANY		237,368
	ISHARES MSCI TOTAL INTL IDX I	REGISTERED INVESTMENT COMPANY		60,767

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN **EIN:** 36-3185557

Plan Sponsor's Name ANGUS CHEMICAL COMPANY **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLK LP INDEX 2020 FUND INST	REGISTERED INVESTMENT COMPANY		778,235
	VANGUARD 500 INDEX-INV	REGISTERED INVESTMENT COMPANY		673,631
	PIMCO COMM RL RET STR - INSTL	REGISTERED INVESTMENT COMPANY		28,584
	VANGUARD DEV MKT INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY		156,067
	VANGUARD EMG MKTS STK IDX ADM	REGISTERED INVESTMENT COMPANY		256,013
	VANGUARD INTERMEDIATE TERM BON	REGISTERED INVESTMENT COMPANY		153,635
	T ROWE PRICE US TREA MONEY	REGISTERED INVESTMENT COMPANY		210,246

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Plan Name ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN **EIN:** 36-3185557

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLK LP INDEX 2050 FUND - INST	REGISTERED INVESTMENT COMPANY		529,869
	BLK LP INDEX 2045 FUND - INST	REGISTERED INVESTMENT COMPANY		737,340
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		573,288
	AMERICAN CENT REAL ESTATE I	REGISTERED INVESTMENT COMPANY		355,191
	BLACKROCK HIGH YIELD BOND K	REGISTERED INVESTMENT COMPANY		77,205
	COLUMBIA CONVERTIBLE SEC I2	REGISTERED INVESTMENT COMPANY		39,287
	FIDELITY SHORT TERM BOND FUND	REGISTERED INVESTMENT COMPANY		20,044

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Plan Name ANGUS CHEMICAL COMPANY 401(K) AND PROFIT SHARING PLAN **EIN:** 36-3185557
Plan Sponsor's Name ANGUS CHEMICAL COMPANY **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY CONTRAFUND	REGISTERED INVESTMENT COMPANY		883,673
	BLK LP INDEX 2025 FUND - INST	REGISTERED INVESTMENT COMPANY		1,896,254