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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIFRAX I LLC SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/30/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
UNIFRAX I LLC

2351 WHIRLPOOL STREET
NIAGARA FALLS, NY 14305-2413

2351 WHIRLPOOL STREET
NIAGARA FALLS, NY 14305-2413

2b Employer Identification Number (EIN)
34-1535916

2c Sponsor's telephone number
716-278-3800

2d Business code (see instructions)
327100

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.	10/13/2010	JOSEPH KUCHERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MARK ROOS
	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 (if same as plan sponsor, enter "Same") UNIFRAX I LLC 2351 WHIRLPOOL STREET NIAGARA FALLS, NY 14305-2413	**3b** Administrator's EIN 34-1535916 **3c** Administrator's telephone number 716-278-3800

4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	555
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	411
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	494
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	497
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	484
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	22
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T

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

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

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

a Pension Schedules		**b General Schedules**	
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)
		(3)	___ **A** (Insurance Information)
		(4) X	**C** (Service Provider Information)
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** X	**D** (DFE/Participating Plan Information)
		(6)	**G** (Financial Transaction Schedules)

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNIFRAX I LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFRAX I LLC

D Employer Identification Number (EIN)
34-1535916

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

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?
64 65 37 60	RECORDKEEPER	3050	Yes [X] No [ ]	Yes [X] No [ ]	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 [ ]

(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 ☐

(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.
ABF LG CAP VAL INV - STATE STREET B 04-1867445	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.
AIM DYNAMICS INV - INVESCO TRIMARK 98-0557567	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.
BARON GROWTH - DST SYSTEMS INC 43-1581814	0.40%

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.
NORTHERN SM CAP VAL - NORTHERN TRUS P.O. BOX 75986 CHICAGO, IL 60675-5986	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.
RAINIER SM MID CAP - US BANCORP FUN 39-0281260	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.
WFA OPPORTUNITY INV - BOSTON FINANC 04-2526037	0.35%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNIFRAX I LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIFRAX I LLC

D Employer Identification Number (EIN)
34-1535916

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	6359005

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNIFRAX I LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFRAX I LLC

D Employer Identification Number (EIN)
34-1535916

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)	543451	0
(2) Participant contributions	1b(2)	0	8330
(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)	787657	899403
(9) Value of interest in common/collective trusts	1c(9)	6336998	6359005
(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)	29712788	40506500
(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	37380894	47773238
	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	37380894	47773238

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)	1115880	
	(B) Participants	2a(1)(B)	1893481	
	(C) Others (including rollovers)	2a(1)(C)	26756	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3036117
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)	54374	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		54374
	(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)	566777	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		566777
	(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)		

		(a) Amount	(b) Total
2b (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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		331433
(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)		9009332
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12998033
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2585483	
(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)		2585483
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15129
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)	782	
(4) Other	2i(4)	4295	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5077
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2605689
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		10392344
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FREED MAXICK AND BATTAGLIA PC (2) EIN: 16-1608956

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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	
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		3000000
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		X	

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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNIFRAX I LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFRAX I LLC

D Employer Identification Number (EIN)
34-1535916

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): 04-6568107

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). 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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Freed Maxick & Battaglia, CPAs, PC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Unifrax I, LLC Savings Plan

We were engaged to audit the statements of net assets available for benefits of the Unifrax I, LLC Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and supplemental schedule. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

Freed Maxick & Battaglia, CPAs, PC

Buffalo, New York
July 20, 2010

UNIFRAX I LLC SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2009

Identity of Issuer	Description of Investment	Fair Value
Investments in registered investment companies:		
*Fidelity	Fidelity Contrafund	$ 5,543,997
*Fidelity	Fidelity Growth Company Fund	5,001,889
*Fidelity	Fidelity Value Fund	3,979,428
*Fidelity	Fidelity Low-Priced Stock Fund	3,192,611
*Fidelity	Fidelity Disciplined Equity Fund	3,027,506
*Fidelity	Fidelity Freedom 2030 Fund	2,535,749
*Fidelity	Fidelity Diversified International Fund	2,344,781
*Fidelity	Fidelity Spartan US Equity Index Fund	2,152,573
*Fidelity	Fidelity Freedom 2015 Fund	2,098,209
*Fidelity	Fidelity Intermediate Bond Fund	1,873,554
*Fidelity	Fidelity Freedom 2020 Fund	1,575,600
Baron	Baron Growth Fund	1,192,659
*Fidelity	Fidelity Worldwide Fund	922,510
Rainer	Rainer Small/Mid Cap Fund	819,335
*Fidelity	Fidelity Freedom 2025 Fund	764,176
*Fidelity	Fidelity Freedom 2010 Fund	633,375
*Fidelity	Fidelity Freedom 2000 Fund	521,273
*Fidelity	Fidelity Freedom 2040 Fund	349,762
*Fidelity	Fidelity US Bond Index	341,868
ABF	ABF Large Cap Value	333,952
*Fidelity	Fidelity Freedom 2035 Fund	274,151
*Fidelity	Fidelity Freedom Income Fund	264,548
Northern	Northern Small Cap Value	240,645
*Fidelity	Fidelity Freedom 2045 Fund	225,074
*Fidelity	Fidelity Spartan Extended Market Index Fund	192,249
*Fidelity	Fidelity Freedom 2050 Fund	83,462
*Fidelity	Fidelity Freedom 2005 Fund	21,564
		40,506,500
Investments in common collective trusts:		
*Fidelity	Fidelity Managed Income Portfolio	6,359,005
Participant loans* interest rates ranging from 7.5% - 9.5%		899,403
Total assets held for investment		$ 47,764,908

*Represents party-in-interest

The above data is based solely upon information which has been certified as accurate and complete by Fidelity Management Trust Company, with the exception of the investments in common collective trust which is presented at fair market value (see Note 5).

FINANCIAL STATEMENTS

UNIFRAX I, LLC SAVINGS PLAN

DECEMBER 31, 2009
with
INDEPENDENT AUDITOR'S REPORT

UNIFRAX I, LLC SAVINGS PLAN

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Freed Maxick & Battaglia, CPAs, PC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Unifrax I, LLC Savings Plan

We were engaged to audit the statements of net assets available for benefits of the Unifrax I, LLC Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and supplemental schedule. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

Freed Maxick & Battaglia, CPAs, PC

Buffalo, New York
July 20, 2010

UNIFRAX I, LLC SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

ASSETS	2009	2008
Investments at fair value:		
Investments in registered investment companies	**$ 40,506,500**	$ 29,712,788
Investment in common collective trust	**6,359,005**	6,336,998
Participant loans	**899,403**	787,657
Total investments	**47,764,908**	36,837,443
Contributions receivable	**8,330**	543,451
Net assets available for benefits, at fair value	**47,773,238**	37,380,894
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit responsive investment contracts	**118,247**	341,830
Net assets available for benefits	**$ 47,891,485**	$ 37,722,724

See accompanying notes.

UNIFRAX I, LLC SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31,

	2009	2008
Sources of net assets:		
Participant contributions	$ **1,920,237**	$ 2,207,192
Employer contributions	**1,115,880**	1,122,228
Interest and dividend income	**674,627**	1,219,383
Loan interest income	**54,374**	58,872
Unrealized gains on investments	**8,651,391**	-
Realized gains on investment transactions	**357,941**	-
Transfers from other plans	**-**	3,957,176
Total sources of net assets	**12,774,450**	8,564,851
Application of net assets:		
Withdrawal and benefit payments	**2,600,612**	4,274,019
Administrative fees	**5,077**	3,414
Unrealized losses on investments	**-**	14,344,237
Realized losses on investment transactions	**-**	2,473,062
Total application of net assets	**2,605,689**	21,094,732
Increase (decrease) in net assets	**10,168,761**	(12,529,881)
Net assets available for benefits:		
Beginning of year	**37,722,724**	50,252,605
End of year	$ **47,891,485**	$ 37,722,724

See accompanying notes.

NOTE 1. - DESCRIPTION OF THE PLAN

The following brief description of the Unifrax I, LLC Savings Plan (the Plan), formerly known as the Unifrax Corporation Savings Plan, is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan with salary reduction features as permitted under Section 401(k) of the Internal Revenue Code. The Plan is funded by employee and employer contributions and covers substantially all eligible employees. The assets of the Plan are maintained in investment funds held by Fidelity Management Trust Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was established to provide for the participation of all employees who were active participants in the Carborundum Corporation Capital Accumulation Plan (the Predecessor Plan) as of October 30, 1996, and to provide for participation of eligible employees subsequent to October 30, 1996.

The Plan is administered by a committee appointed by the Board of Directors of Unifrax I, LLC (the Company), formerly Unifrax Corporation. All costs not absorbed by the Plan are paid by the Company as the Plan Sponsor.

The Company voted to merge the Unifrax Corporation Salaried Pension Plan (a former Plan) into this Plan, effective December 31, 2008. Assets in the amount of $3,957,176 and receivables in the amount of $543,451 became assets of the Plan as of December 31, 2008. There were no additional assets transferred into the plan during the year ended December 31, 2009.

Eligibility - Employees of the Company who are at least 21 years of age, regardless of term of service, are eligible to participate in the Plan. Prior to January 1, 2008, participants who have had one year of service and worked 1,000 hours who were not leased employees were eligible to participate. Effective January 1, 2008, the service requirements of one year and 1,000 hours have been waived, and employees are now eligible to participate on the first of the month following their date of hire.

All employees who have met the above requirements, with the exception of those who are members of collective bargaining units or nonresident aliens, are eligible for both matching and the safe harbor non-elective employer contributions.

Contributions - Participants may elect to contribute between 1% and 60% of their compensation as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also elect to defer Roth contributions to the Plan effective as of January 2008.

The Company will make matching contributions in an amount equal to 50% of an employee's contributions (both pretax and after-tax) subject to a maximum of 6% of the employee's eligible compensation contributed to the Plan beginning upon enrollment. In addition, the Plan Sponsor may make a discretionary profit sharing contribution to the Plan. No profit sharing contributions were made during the years ended December 31, 2009 or 2008.

NOTE 1. - DESCRIPTION OF THE PLAN (CONTINUED)

During the year ended December 31, 2009, the Company had elected to contribute safe harbor non-discretionary employer contribution in an amount equal to 3% of eligible compensation to all eligible employees. This contribution came into effect due to the merge of the Unifrax Corporation Salaried Pension Plan to safe harbor all those employees who are not employed under the terms of a collective bargaining agreement.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions, (b) Plan earnings and (c) charged with an allocation of administrative expenses. Allocations are based on participant deferrals or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans - Participants may borrow from their fund accounts up to a maximum amount of the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years and may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Vesting - Participants are immediately 100% vested in participant contributions. Eligible employees shall be fully vested in Company contributions after three years of service. In the event of an involuntary layoff due to lack of work, employees will fully vest in Company contributions. Should the Plan be deemed top-heavy, an alternate vesting schedule would apply for those top heavy years.

Forfeitures - Forfeitures of employer contributions not vested in participant accounts because of terminations will be applied to reduce future Company contributions. During the year ended December 31, 2009, forfeitures amounted to $7,967 ($3,385 - 2008), which was utilized to reduce the Company contribution.

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

Retirement Benefits - The normal retirement date is the later of the date a participant attains age 65 or the fifth anniversary of the date the participant commenced participation in the Plan. The retirement benefit shall be in the form of a lump-sum payment unless the participant elects one of the optional payment forms as provided for by the Plan. An option exists for late retirement which shall be the earlier of the employee's termination date or attainment of age 70-1/2.

Death and Disability Benefits - If an active employee should die or become totally disabled, a lump sum distribution is made to the employee's beneficiary, or the employee, respectively. The benefit amount is the total value of the employee's account at the time of death or becoming totally disabled. The Plan also allows hardship distributions under certain circumstances.

Subsequent Event - These financial statements have not been updated for subsequent events occurring after July 20, 2010 which is the date these financial statements were available to be issued.

NOTE 2. - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan prepares financial statements on the accrual basis of accounting, and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements

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

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 amount reported in the statement of net assets available for benefits.

Income Taxes - The Internal Revenue Service has determined and informed the Company by a letter dated February 13, 2004, that the prototype Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 3. - INVESTMENTS

The following presents the investments that represent 5% or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
Fidelity Managed Income Portfolio***	**$ 6,359,005**	$ 6,336,999
Fidelity Contrafund	**$ 5,543,997**	$ 4,044,971
Fidelity Growth Company Fund	**$ 5,001,889**	$ 3,453,322
Fidelity Value Fund	**$ 3,979,428**	$ 2,677,025
Fidelity Low-Priced Stock Fund	**$ 3,192,611**	$ 2,089,903
Fidelity Disciplined Equity Fund	**$ 3,027,506**	$ 2,432,050
Fidelity Freedom 2030 Fund	**$ 2,535,749**	$ *
Fidelity Intermediate Bond Fund	$ **	$ 2,044,870

* Investment does not exceed 5% of total investment for the year ended December 31, 2008.
** Investment does not exceed 5% of total investment for the year ended December 31, 2009.
*** Investment has been adjusted from original contract values of $6,477,252 by $118,247 at December 31, 2009 and $6,678,829 by $341,830 at December 31, 2008.

During the year ended December 31, 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $9,009,332. During the year ended December 31, 2008, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by $16,817,299.

NOTE 4. - FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurements and Disclosures, established 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 below:

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

Level 2: Inputs to the valuation methodology include:

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

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

NOTE 4. - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Investments in Registered Investment Companies: These investments are public investment securities valued using the Net Asset Value (NAV) provided by Fidelity Management Trust Company. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market. Investments in registered investment companies are classified as level 1 investments.

Investment in Common Collective Trust: This investment is valued at fair value determined using the market price of the underlying securities and the value of the investment contracts. The Plan's interest in this trust is based on information reported by the trustee using the audited financial statements of the fund at year end. The investment in common collective trust is classified as a level 2 investment.

Loans to Participants: Loans to plan participants are valued at cost plus accrued interest, which approximates fair value and are classified as level 3 investments.

The following table set forth by level, within the fair value hierarchy, discloses the Plan's investments at fair value as of December 31, 2009 and 2008.

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Investments in registered investment companies:				
Large Cap	$ 16,059,917	$ -	$ -	$ 16,059,917
Mid Cap	8,183,623	-	-	8,183,623
Small Cap	1,433,304	-	-	1,433,304
Income & Bond	2,215,422	-	-	2,215,422
International/Global	3,267,291	-	-	3,267,291
Lifestyle	9,346,943	-	-	9,346,943
Investment in common collective trust:				
Stable value	-	6,359,005	-	6,359,005
Participant loans	-	-	899,403	899,403
Total investments at fair value	$ 40,506,500	$ 6,359,005	$ 899,403	$ 47,764,908

NOTE 4. - FAIR VALUE MEASUREMENTS (CONTINUED)

	Investments at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Investments in registered investment companies:				
Large Cap	$ 11,884,263	$ -	$ -	$ 11,884,263
Mid Cap	5,698,078	-	-	5,698,078
Small Cap	892,722	-	-	892,722
Income & Bond	2,227,621	-	-	2,227,621
Lifestyle	6,504,451	-	-	6,504,451
International/Global	2,505,653	-	-	2,505,653
Investment in common collective trust:				
Stable value	-	6,336,998	-	6,336,998
Participant loans	-	-	787,657	787,657
Total investments at fair value	$ 29,712,788	$ 6,336,998	$ 787,657	$ 36,837,443

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2009:

	Participant Loans
Balance as of January 1, 2008	$ 895,900
Issuances, repayments, settlements (net)	(108,243)
Balance December 31, 2008	787,657
Issuances, repayments, settlements (net)	111,746
Balance as of December 31, 2009	$ 899,403

NOTE 5. - FINANCIAL CERTIFICATION

The following unaudited financial information as of December 31, 2009 and 2008, and for the years then ended, has been furnished by the Plan administrator and was derived from information provided by Fidelity Management Trust Company, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	2009	2008
Investments in registered investment companies:		
Fidelity Contrafund	$ **5,543,997**	$ 4,044,971
Fidelity Growth Company Fund	**5,001,889**	3,453,322
Fidelity Value Fund	**3,979,428**	2,677,025
Fidelity Low-Priced Stock Fund	**3,192,611**	2,089,903
Fidelity Disciplined Equity Fund	**3,027,506**	2,432,050
Fidelity Freedom 2030 Fund	**2,535,749**	1,718,365
Fidelity Diversified International Fund	**2,344,781**	1,738,584

NOTE 5. - FINANCIAL CERTIFICATION (CONTINUED)

	2009	2008
Fidelity Spartan US Equity Index Fund	**2,152,573**	1,504,328
Fidelity Freedom 2015 Fund	**2,098,209**	1,541,194
Fidelity Intermediate Bond Fund	**1,873,554**	2,044,870
Fidelity Freedom 2020 Fund	**1,575,600**	1,166,775
Baron Growth Fund	**1,192,659**	726,237
Fidelity Worldwide Fund	**922,510**	767,069
Rainier Small/Mid Cap Fund	**819,335**	692,241
Fidelity Freedom 2025 Fund	**764,176**	370,487
Fidelity Freedom 2010 Fund	**633,375**	472,155
Fidelity Freedom 2000 Fund	**521,273**	393,693
Fidelity Freedom 2040 Fund	**349,762**	247,393
Fidelity US Bond Index Fund	**341,868**	182,751
ABF Large Cap Value	**333,952**	127,549
Fidelity Freedom 2035 Fund	**274,151**	166,941
Fidelity Freedom Income Fund	**264,548**	212,341
Northern Small Cap Value	**240,645**	166,485
Fidelity Freedom 2045 Fund	**225,074**	138,435
Fidelity Spartan Extended Market Index Fund	**192,249**	103,615
Fidelity Freedom 2050 Fund	**83,462**	56,608
Fidelity Freedom 2005 Fund	**21,564**	20,064
Fidelity Equity Income Fund II	-	171,602
Fidelity Cap Appreciation Fund	-	150,441
AIM Dynamics Fund	-	69,647
WFA Opportunity Fund	-	65,647
Participant loans	**899,403**	787,657
	41,405,903	30,500,445
Investments in common collective trust:		
Fidelity Managed Income Portfolio	**6,359,005**	6,336,998
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit responsive investment contracts	**118,247**	341,830
	$ 47,883,155	$ 37,179,273
Transactions for the year:		
Interest and dividend income	**$ 674,627**	$ 1,219,383
Unrealized gains (losses) on investments	**$ 8,651,391**	$(14,344,237)
Realized gains (losses) on investment transactions	**$ 357,941**	$ (2,473,062)
Loan interest income	**$ 54,374**	$ 58,872

NOTE 6. - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Fidelity Management Trust Company. Fidelity is the trustee and custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Investment gain on assets invested with this custodian, net of investment fees, amounted to $9,100,770 for the year ended December 31, 2009. Investment loss on assets invested with this custodian, net of investment fees, amounted to $14,410,220 for the year ended December 31, 2008. At December 31, 2009, participant loans amounted to $899,403 ($787,657 – 2008). During 2009, loan interest paid on these loans was $54,374 ($58,872 – 2008). Administrative fees paid to Fidelity by the Plan amounted to $5,077 during the year ended December 31, 2009 ($3,414 - 2008).

NOTE 7. - RECONCILIATION OF DIFFERENCES BETWEEN THESE FINANCIAL STATEMENTS AND THE FINANCIAL INFORMATION REPORTED ON FORM 5500

	2009	2008
Net assets available for benefits as presented on these financial statements	**$ 47,891,485**	$ 37,722,724
Less: Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit responsive investment contract	**(118,247)**	(341,830)
Net assets available for benefit as presented on Form 5500	**$ 47,773,238**	$ 37,380,894
Net increase (decrease) in net assets available for benefits as presented on these financial statements	**$ 10,168,761**	$ (12,529,881)
Add: Prior year adjustment from fair value to contract value for interest in common collective trust relating to fully benefit responsive investment contract	**341,830**	63,962
Less: Transfers from other plans excluded from increase in net assets per 5500	-	(3,957,176)
Less: Current year adjustment from fair value to contract value for interest in common collective trust relating to fully benefit responsive investment contract	**(118,247)**	(341,830)
Net income in net assets available for benefits as presented on Form 5500	**$ 10,392,344**	$ (16,764,925)

UNIFRAX I LLC SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2009

Identity of Issuer	Description of Investment	Fair Value
Investments in registered investment companies:		
*Fidelity	Fidelity Contrafund	$ 5,543,997
*Fidelity	Fidelity Growth Company Fund	5,001,889
*Fidelity	Fidelity Value Fund	3,979,428
*Fidelity	Fidelity Low-Priced Stock Fund	3,192,611
*Fidelity	Fidelity Disciplined Equity Fund	3,027,506
*Fidelity	Fidelity Freedom 2030 Fund	2,535,749
*Fidelity	Fidelity Diversified International Fund	2,344,781
*Fidelity	Fidelity Spartan US Equity Index Fund	2,152,573
*Fidelity	Fidelity Freedom 2015 Fund	2,098,209
*Fidelity	Fidelity Intermediate Bond Fund	1,873,554
*Fidelity	Fidelity Freedom 2020 Fund	1,575,600
Baron	Baron Growth Fund	1,192,659
*Fidelity	Fidelity Worldwide Fund	922,510
Rainer	Rainer Small/Mid Cap Fund	819,335
*Fidelity	Fidelity Freedom 2025 Fund	764,176
*Fidelity	Fidelity Freedom 2010 Fund	633,375
*Fidelity	Fidelity Freedom 2000 Fund	521,273
*Fidelity	Fidelity Freedom 2040 Fund	349,762
*Fidelity	Fidelity US Bond Index	341,868
ABF	ABF Large Cap Value	333,952
*Fidelity	Fidelity Freedom 2035 Fund	274,151
*Fidelity	Fidelity Freedom Income Fund	264,548
Northern	Northern Small Cap Value	240,645
*Fidelity	Fidelity Freedom 2045 Fund	225,074
*Fidelity	Fidelity Spartan Extended Market Index Fund	192,249
*Fidelity	Fidelity Freedom 2050 Fund	83,462
*Fidelity	Fidelity Freedom 2005 Fund	21,564
		40,506,500
Investments in common collective trusts:		
*Fidelity	Fidelity Managed Income Portfolio	6,359,005
Participant loans* interest rates ranging from 7.5% - 9.5%		899,403
Total assets held for investment		$ 47,764,908

*Represents party-in-interest

The above data is based solely upon information which has been certified as accurate and complete by Fidelity Management Trust Company, with the exception of the investments in common collective trust which is presented at fair market value (see Note 5).