

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 <div style="text-align: center; font-size: 24pt;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>SHIN-ETSU/SHINCOR SILICONES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>08/01/1991</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SHINCOR SILICONES, INC.</u> <u>1030 EVANS AVE.</u> <u>AKRON, OH 44305-1021</u>	2b Employer Identification Number (EIN) <u>34-1683621</u>	2c Sponsor's telephone number <u>330-630-9460</u>	2d Business code (see instructions) <u>325900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>SUSAN WALKER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>SUSAN WALKER</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHINCOR SILICONES, INC. 1030 EVANS AVE. AKRON, OH 44305-1021	3b Administrator's EIN 34-1683621 3c Administrator's telephone number 330-630-9460
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	206
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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	183
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	16
d Subtotal. Add lines 6a , 6b , and 6c	6d	201
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	137
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 3H 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A</div> <div>Name of plan</div> <div>SHIN-ETSU/SHINCOR SILICONES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SHINCOR SILICONES, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-1683621</div>

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).....

☒ 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

BANK OF AMERICA, N.A.

94-1687665

(b)

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

(b)

Enter name and EIN or address of person who provided you disclosures 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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 56 57 59 60 62 63 71 72	RECORDKEEPER	2291	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan SHIN-ETSU/SHINCOR SILICONES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHINCOR SILICONES, INC.				D Employer Identification Number (EIN) 34-1683621	
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: RETIREMENT PRESERVATION TRUST					
b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.					
c EIN-PN 22-6484011-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 925795		
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
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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
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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 SHIN-ETSU/SHINCOR SILICONES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 SHINCOR SILICONES, INC.	D Employer Identification Number (EIN) 34-1683621

Part I	Asset and Liability Statement
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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)	272	2927
(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)	352739	295334
(9) Value of interest in common/collective trusts.....	1c(9)	1009848	925796
(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)	4580194	6596761
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5943053	7820818

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5943053	7820818
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	307850	
(B) Participants	2a(1)(B)	585019	
(C) Others (including rollovers)	2a(1)(C)	73417	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		966286

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
(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)	20551	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20555

(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)	126300	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		126300

(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

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		109266
(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)		1269695
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2492102

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	572409	
(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)		572409
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		39629
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)	2299	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2299
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		614337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1877765
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: BOBER, MARKEY, FEDOROVICH & CO.

(2) EIN: 34-1523030

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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 <u>SHIN-ETSU/SHINCOR SILICONES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHINCOR SILICONES, INC.</u>	D Employer Identification Number (EIN) <u>34-1683621</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3513863</u> <u>94-1687665</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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

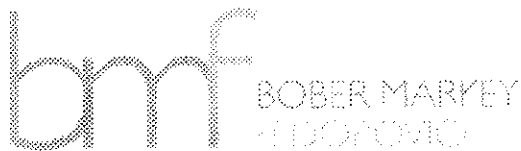
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding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



1401 E. 12TH AVE., SUITE 300, AKRON, OHIO 44313-3119
CINCINNATI, OHIO 45202

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator
Shin-Etsu/Shincor Silicones, Inc.
Employee Savings and Profit Sharing Plan
Akron, Ohio

We were engaged to audit the accompanying financial statements and supplemental schedule of Shin-Etsu/Shincor Silicones, Inc. Employee Savings and Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. 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 3, which was certified by Bank of America, N.A. for the year ended December 31, 2009 and Merrill Lynch Trust Company (which was acquired by Bank of America, N.A.) for the year ended December 31, 2008, the Trustee of the Plan, except for comparing the 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 certifications from the Trustee as of and for the years ended December 31, 2009 and 2008, 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the investment information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

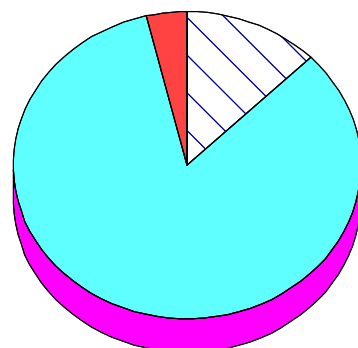
BOBER, MARKEY, FEDOROVICH & COMPANY

October 13, 2010

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

SHIN-ETSU/SHINCOR EMPLOYEE
SAVINGS & PROFIT SHARING PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



12.59% COMMON / COLLECTIVE TRUSTS

3.74% LOANS

0.00% ACCRUED INCOME

83.63% MUTUAL FUNDS

0.00% PENDING SETTLEMENT FUNDS

0.03% CASH

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	878,068.2100	1.000	878,068.21	878,068.21	11.13%
ML RET PRES TRUST GM	115,274.5330	1.000	115,274.53	115,274.53	1.46%
TOTAL COMMON / COLLECTIVE TRUSTS			993,342.74	993,342.74	12.59%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	24,246.5483	18.280	396,831.86	443,226.90	5.62%
THE OAKMARK EQ & INC FD CL II	14,001.5923	25.430	297,060.08	356,060.49	4.51%
PERKINS MID CAP VALUE FD CL A	7,805.9279	19.800	141,512.78	154,557.37	1.96%
PERKINS MID CAP VALUE GM CL A	6,810.3269	19.800	114,034.74	134,844.47	1.71%
AMERICAN EUROPACIFIC GR FD R3	17,443.2869	37.680	676,361.62	657,263.05	8.33%
AMERICAN EUROPACIF GR FD R3 GM	11,577.7754	37.680	433,995.07	436,250.58	5.53%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

SHIN-ETSU/SHINCOR EMPLOYEE
SAVINGS & PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
JENNISON MID CAP GROWTH FD	16,570.7874	22.820	319,221.33	378,145.37	4.79%
JENNISON MID CAP GROWTH FD GM	8,229.6434	22.820	154,145.66	187,800.46	2.38%
COLUMBIA DIVIDEND INCOME	8,343.9362	11.850	87,251.27	98,875.64	1.25%
COLUMBIA DIVIDEND INCOME GM	38,998.4550	11.850	399,591.12	462,131.69	5.86%
VAN ECK GLOBAL HARD ASSETS	2,001.2963	40.920	74,657.25	81,893.04	1.04%
PIMCO TOTAL RETURN FUND CL A	58,623.5895	10.800	618,209.97	633,134.77	8.03%
PIMCO TOT RET FD CL A GM	47,337.6953	10.800	492,308.94	511,247.11	6.48%
AIM REAL ESTATE FD CL A	3,678.1311	17.770	85,903.82	65,360.39	0.83%
ASTON/MONTAG & CALDWELL GROWTH	47,137.7618	22.450	927,482.46	1,058,242.75	13.42%
ASTON/MONTAG & CALDWELL GRW GM	16,551.4499	22.450	317,494.42	371,580.05	4.71%
COLUMBIA SMALL CAP VALUE I A	3,141.8179	36.090	121,245.13	113,388.21	1.44%
COLUMBIA SMALL CAP VALUE A GM	3,114.5329	36.090	124,712.88	112,403.49	1.42%
VAN KAMP GVT SEC CL A GM	14.8917	9.420	149.64	140.28	0.00%
AIM CHARTER FUND	22,650.7792	15.020	295,174.64	340,214.70	4.31%
TOTAL MUTUAL FUNDS			6,077,344.68	6,596,760.81	83.63%
<u>LOANS</u>					
LOAN FUND	295,333.5300	1.000	295,333.53	295,333.53	3.74%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	25.0000	1.000	25.00	25.00	0.00%
INVESTMENT TOTAL			7,366,045.95	7,885,462.08	99.96%
UNINVESTED CASH			0.00	0.00	0.00%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

SHIN-ETSU/SHINCOR EMPLOYEE
SAVINGS & PROFIT SHARING PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ACCRUED INCOME			274.45	274.45	0.00%
CASH			2,627.36	2,627.36	0.03%
TOTAL ASSETS			7,368,947.76	7,888,363.89	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

December 31, 2009 and 2008

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
ANNUAL REPORT INDEX
December 31, 2009 and 2008

The following financial statements and other information of the Shin-Etsu/Shincor Silicones, Inc. Employee Savings and Profit Sharing Plan is included herewith:

- Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008;
- Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008;
- Notes to Financial Statements

The following supplemental schedule of the Shin-Etsu/Shincor Silicones, Inc. Employee Savings and Profit Sharing Plan in the Annual Report of the Plan on Form 5500 filed with the Department of Labor for the year ended December 31, 2009 is included herewith:

- Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN

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Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 11
SUPPLEMENTAL INFORMATION	
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SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual funds	\$ 6,599,688	\$ 4,580,466
Common/collective trusts	925,796	1,009,848
Participant loans	<u>295,334</u>	<u>352,739</u>
TOTAL INVESTMENTS	<u>7,820,818</u>	<u>5,943,053</u>
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	7,820,818	5,943,053
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>67,182</u>	<u>163,030</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,888,000</u></u>	<u><u>\$ 6,106,083</u></u>

The accompanying notes are an integral part of these financial statements

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Interest and dividends	\$ 126,300	\$ 240,295
Interest on participant loans	20,551	22,948
	146,851	263,243
CONTRIBUTIONS		
Employer	307,850	277,230
Employee	658,436	578,697
	966,286	856,127
TOTAL ADDITIONS	1,113,137	1,119,370
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid	612,034	986,360
Administrative expenses	2,299	3,058
	614,333	989,418
TOTAL DEDUCTIONS	614,333	989,418
NET APPRECIATION (DEPRECIATION) OF INVESTMENTS	1,283,113	(2,325,232)
NET INCREASE (DECREASE)	1,781,917	(2,195,280)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	6,106,083	8,301,363
END OF YEAR	\$ 7,888,000	\$ 6,106,083

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

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The Shin-Etsu/Shincor Silicones, Inc. Employee Savings and Profit Sharing Plan (the "Plan") is a retirement savings plan designed to invest voluntary pre-tax and post-tax employee contributions, matching employer contributions and discretionary employer contributions for the benefit of the participating employees. The following description of the 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 was established by Shin-Etsu/Shincor Silicones, Inc. (the "Company") as a safe harbor defined contribution 401(k) plan designed to provide employees of the Company and certain affiliates with tax advantaged long-term savings for retirement. The Plan is administered by the Company along with Bank of America, N.A. and Merrill Lynch Trust Company (acquired by Bank of America, N.A. in 2009), (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees of the Company are eligible to participate in the Plan as of the first enrollment date after completing one month of service. The Plan offers enrollment dates monthly.

Contributions

The Plan provides for pre-tax contributions by participants, through payroll deductions, and for matching contributions by the Company. Each participating employee elects to enter into a salary reduction agreement by directly contacting the Trustee, thereby contributing to his/her participant account a percentage of compensation, as defined, not less than 1%, nor more than 100% of eligible earnings subject to Internal Revenue Code ("IRC") limitations. At their discretion, the participants may allocate the contributions among the investment funds made available by the Plan. Participants may change their contribution percentages and their allocation of future contributions among the available investments at any time. Effective January 1, 2008, the Plan was amended to permit Roth Elective Deferrals. Roth Elected Deferrals shall be treated in the same manner as Elective Deferrals for all Plan purposes. A Participant's Roth Elective Deferral will be separately accounted for, as will gains and losses attributable to those deferrals, in a Roth Elective Deferral account.

The Plan provides for a matching contribution from the Company of 100% of the first 4% of eligible earnings contributed by each participant that does not work out of Freeport, Texas. Those employees working out of Freeport, Texas receive an employer matching contribution 100% of the first 6% of eligible earnings. The Company has the right to change the amount of its contributions, pursuant to the Plan, at any time.

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Vesting and Distributions

Each participant is immediately and fully vested in all participant contributions and earnings thereon. Participants vest in matching contributions by the Company and the earnings thereon immediately under the safe harbor plan. On termination of service due to death, disability, or retirement, a participant receives a lump-sum payment.

Participant Accounts

Each participant's account is increased, or decreased as appropriate, with (a) the participant's contribution, (b) the Company's matching contribution, (c) net investment earnings based on the participant's account balance and composition, (d) administrative expenses, (e) loan disbursements and repayments, and (f) distributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Administrative Expense

The Plan Sponsor pays costs of administering the Plan, except for some cash management fees, which are paid by the Plan. There are also indirect fees deducted directly from investment earnings of the Plan.

Participant Loans

Subject to certain limitations, the Plan permits loans to participants. The minimum loan amount is \$1,000. The maximum amount a participant may borrow is the lesser of (1) one-half of a participant's vested balance or (2) \$50,000. Participants may borrow from the value of their balances invested in any of the various investment funds at their discretion. The interest rate on the loans is equal to 1% plus the prime lending rate, at commencement of the loan. The terms of the loans are 1-5 years or up to 15 years for the purchase of a primary residence. Principal and interest are paid bi-weekly through payroll deductions.

Rollovers

Participant's may transfer eligible cash distributions from any other employer sponsored qualified plan under Section 401(a) or 403(a) of the IRC into the Plan by a direct transfer from such other plan. Additionally, the Plan will accept a direct rollover of an eligible rollover distribution from a qualified plan under Section 401(a) or 403(a) of the IRC or participant rollover contribution of the portion of a distribution from an Individual Retirement Account or Annuity under Section 408(a) or 408(b) that is eligible to be rolled over and would otherwise be includable in gross income.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis.

SHIN-ETSU/SHINCOR SILICONES, INC.
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Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

As required by the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), the Plan adopted the new standard related to financial assets and liabilities effective January 1, 2008. Effective January 1, 2009, the Plan adopted the required standard related to non-financial assets and liabilities. The adoption of this standard had no significant impact on the financial statements.

Investment Valuation and Income Recognition

Mutual funds are stated at fair value as measured by quoted market prices. Common / collective trust funds with underlying investments in fully benefit-responsive investment contracts are valued at fair market value of the underlying investments and then adjusted by the issuer to contract value. Participant loans receivable are stated at cost, which approximates fair value.

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

As required by the Plan Accounting – Defined Contribution Pension Plans Topic and the Plan Accounting – Health and Welfare Benefit Plans Topic of the FASB ASC 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 the 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.

Included within the Plan's investments, the Merrill Lynch Retirement Preservation Trust is a stable value fund that may invest in traditional insurance investment contracts, U.S. government and agency securities, asset-backed securities, and collective investment funds. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fair value of the underlying investments in the funds is based on: (1) discounting the related cash flows of the guaranteed investment contracts based on current yields of similar instruments with comparable durations and (2) quoted market values for the U.S. government and agency securities and asset backed securities. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. As of December 31, 2009 and 2008, the contract value of fully benefit-responsive investment contracts was adjusted to fair value.

SHIN-ETSU/SHINCOR SILICONES, INC.
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Investment income consists of interest and dividend income and participant loan interest. The net appreciation (depreciation) in the fair value of investments consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Realized gains and losses from security transactions are reported based on historical cost.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the amounts reported in the basis financial statements and related notes to the financial statements. Actual results could differ from those estimates. The Plan utilizes various investment instruments, including mutual funds and investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Subsequent Events

Effective for fiscal years and interim periods ending after June 15, 2009, the Plan is required to prospectively adopt the Subsequent Events Topic of the FASB ASC. This standard sets forth the period after the date of the financial statements during which management of a plan should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which a plan should recognize events or transactions occurring after the date of its financial statements, and the disclosures that a plan should make about events or transactions that occurred after the date of the financial statements.

The Plan adopted this standard during the year ended December 31, 2009. In accordance with this standard, the Plan has evaluated subsequent events through October 13, 2010, the date the financial statements were available to be issued.

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New Accounting Standards and Interpretations

In 2010, the FASB amended the Fair Value Measurements and Disclosures Topic of the FASB ASC to require additional disclosures about: 1) transfers of Level 1 and Level 2 fair value measurements, including the reason for the transfers; 2) purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements; 3) additional disaggregation to include fair value measurement disclosures for each class of assets and liabilities; and 4) disclosure of inputs and valuation techniques used to measure fair value of both recurring and nonrecurring fair value measurements. The amendment is effective for fiscal years beginning after December 15, 2009, except for the disclosures about the purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements, which is effective for fiscal years beginning after December 15, 2010.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following is a summary, which has been prepared or derived from information prepared by the Trustee, and is included in the financial statements. This information has been certified by the Trustee to be complete and accurate as of and for the years ended December 31:

	2009	2008
Investments, at fair value	\$ 7,525,484	\$ 5,590,314
Participant loans	\$ 295,334	\$ 352,739
Net investment gain (loss) on mutual funds	\$ 1,283,113	\$ (2,325,232)
Interest and dividends	\$ 126,300	\$ 240,295
Interest on participant loans	\$ 20,551	\$ 22,948

NOTE 4 - INVESTMENTS

The Plan's investments are participant-directed accounts that are held by the Trustee. The following schedule presents investments that represent five percent or more of the Plan's net assets as of December 31, 2009 and 2008, respectively:

	2009	2008
American Growth Fund of America	\$ -	\$ 1,114,536
American Europacific Growth Fund	\$ 1,093,514	\$ 652,779
Aston/Montag and Caldwell Growth Fund	\$ 1,432,750	\$ -
Columbia Dividend Income	\$ 561,007	\$ -
Jennison Mid Cap Growth Fund	\$ 565,946	\$ -
Lazard Emerging Markets Portfolio - Open Shares	\$ 443,227	\$ 139,484
PIMCO Total Return Fund	\$ 1,144,382	\$ 659,132
Pioneer Cullen Value A	\$ -	\$ 482,074
Van Kampen Equity & Income Fund	\$ -	\$ 408,547
Merrill Lynch Retirement Preservation Trust	\$ 925,796	\$ 1,009,848

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 5 - TAX STATUS

As of January 1, 2006, the Company adopted a Safe Harbor plan. The Plan obtained its latest determination letter on December 20, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - FAIR VALUE MEASUREMENTS

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

The asset's 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.

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.

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: <ul style="list-style-type: none">• 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 specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

SHIN-ETSU/SHINCOR SILICONES, INC.
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Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	2009			Total
	Level 1	Level 2	Level 3	
Mutual funds				
Balanced funds	\$ 65,360	\$ -	\$ -	\$ 65,360
Growth funds	4,390,846	-	-	4,390,846
Fixed income funds	1,144,522	-	-	1,144,522
Other funds	998,960	-	-	998,960
Total mutual funds	6,599,688	-	-	6,599,688
Common/collective trusts	-	925,796	-	925,796
Participant loans	-	-	295,334	295,334
Total assets at fair value	\$ 6,599,688	\$ 925,796	\$ 295,334	\$ 7,820,818

	2008			Total
	Level 1	Level 2	Level 3	
Mutual funds				
Balanced funds	\$ 230,661	\$ -	\$ -	\$ 230,661
Growth funds	3,187,940	-	-	3,187,940
Fixed income funds	1,067,679	-	-	1,067,679
Other funds	94,186	-	-	94,186
Total mutual funds	4,580,466	-	-	4,580,466
Common/collective trusts	-	1,009,848	-	1,009,848
Participant loans	-	-	352,739	352,739
Total assets at fair value	\$ 4,580,466	\$ 1,009,848	\$ 352,739	\$ 5,943,053

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008.

	2009	2008
	Participant loans	Participant loans
Balance, beginning of year	\$ 352,739	\$ 217,998
Purchases, sales, issuances and settlements (net)	(57,405)	134,741
Balance, end of year	\$ 295,334	\$ 352,739

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
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NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Trustee would value the trust and the shares of all participants as of the termination date and would distribute, as soon as possible, the balance of the accounts.

NOTE 8 - PARTY-IN-INTEREST

Certain Plan investments are shares of a stable value fund which are maintained and managed by the Trustee as defined by the Plan and, therefore, these transactions are party-in-interest transactions.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 7,888,000	\$ 6,106,083
Adjustment from contract value to fair value for fully benefit responsive investment contracts	<u>(67,182)</u>	<u>(163,036)</u>
Net assets available for benefits per Form 5500	<u>\$ 7,820,818</u>	<u>\$ 5,943,053</u>

For the years ended December 31, 2009 and 2008, the following is a reconciliation of investment income per the financial statements to the 5500:

	<u>2009</u>	<u>2008</u>
Net appreciation (depreciation) of investments per the financial statements	\$ 1,263,113	\$ (2,325,232)
Adjustment from contract value to fair value for fully benefit responsive investment contracts	<u>95,848</u>	<u>(156,894)</u>
Total earnings (losses) on investments per the Form 5500	<u>\$ 1,378,961</u>	<u>\$ (2,482,126)</u>

NOTE 10 - LATE CONTRIBUTIONS

During 2008, the Company failed to timely transmit participant contributions to the Plan. Such late contributions totaled \$139,023. The Company corrected this error in October 2008 and, since April 2008, has been making contributions on a bi-weekly basis.

SHIN-ETSU/SHINCOR SILICONES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 34-1683621
PLAN NO. 002
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
MUTUAL FUNDS:				
	AIM Charter Fund	Mutual Funds	N/A	\$ 340,215
	AIM Real Estate Fund A	Mutual Funds	N/A	65,360
	American Europacific Growth Fund	Mutual Funds	N/A	1,093,514
	Aston/Montag and Caldwell Growth Fund	Mutual Funds	N/A	1,432,750
	Columbia Dividend Income	Mutual Funds	N/A	561,007
	Columbia Small Cap Value A	Mutual Funds	N/A	225,792
	Jennison Mid Cap Growth Fund	Mutual Funds	N/A	565,946
	Lazard Emerging Markets Portfolio - Open Shares	Mutual Funds	N/A	443,227
	Oakmark Equity and Income Fund	Mutual Funds	N/A	356,060
	Perkins Mid Cap Value Fund	Mutual Funds	N/A	289,402
	PIMCO Total Return Fund	Mutual Funds	N/A	1,144,382
	Van Eck Global Hard Assets	Mutual Funds	N/A	81,893
	Van Kampen Government Securities Fund	Mutual Funds	N/A	140
	TOTAL MUTUAL FUNDS			6,599,688
COMMON/COLLECTIVE TRUSTS:				
*	Merrill Lynch Retirement Preservation Trust	Guaranteed investment contract	N/A	925,796
Loans with repayment terms of 1 to 5 years with rates of 4.25% to 9.25%				
*	Participant Loans		\$-	296,334
				<u>\$ 7,820,818</u>

* - Represents a party-in-interest, as defined by ERISA.

N/A - Information is not required for participant-directed investments pursuant to Form 5500 instructions