

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

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>SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>012</u>	
	1c Effective date of plan	<u>01/01/1987</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>OM GROUP, INC.</u> <u>127 PUBLIC SQUARE, 1500 KEY TOWER</u> <u>CLEVELAND, OH 44114</u>	2b Employer Identification Number (EIN) <u>52-1736882</u>	2c Sponsor's telephone number <u>216-781-0083</u>	2d Business code (see instructions) <u>331110</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>ELIZABETH SHAUGHNESSY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") OM GROUP, INC. 127 PUBLIC SQUARE, 1500 KEY TOWER CLEVELAND, OH 44114	3b Administrator's EIN 52-1736882 3c Administrator's telephone number 216-781-0083
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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 OM GROUP, INC.	4b EIN 51-0286842 4c PN 012
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5 Total number of participants at the beginning of the plan year	5	247
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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	0
b Retired or separated participants receiving benefits.....	6b	96
c Other retired or separated participants entitled to future benefits.....	6c	140
d Subtotal. Add lines 6a , 6b , and 6c	6d	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	8
f Total. Add lines 6d and 6e	6f	244
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:
 1A 1G 1I

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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE A (Form 5500) <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>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500. OM GROUP, INC.	D Employer Identification Number (EIN) 52-1736882	

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

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 12882	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions		7c(6)
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions		7e(5)
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OM GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1736882</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>8844642</u>
b Actuarial value	2b <u>9729106</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>98</u> <u>9122455</u>
b For terminated vested participants	3b <u>149</u> <u>3579466</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>247</u> <u>12701921</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.24</u> %
6 Target normal cost	6 <u>8500</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/04/2010</u>
Signature of actuary	Date
<u>GREGORY H. REYNOLDS</u>	<u>08-06401</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u>5005 ROCKSIDE ROAD SUITE 1000</u> <u>INDEPENDENCE, OH 44131</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	121471	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	121471	0
10	Interest on item 9 using prior year's actual return of <u>-27.24</u> %	-33089	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		46090
b	Interest on (a) using prior year's effective rate of <u>6.24</u> %		2876
c	Total available at beginning of current plan year to add to prefunding balance		48966
d	Portion of (c) to be added to prefunding balance.....		48966
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	88382	48966

Part III Funding percentages			
14	Funding target attainment percentage.....	14	75.51 %
15	Adjusted funding target attainment percentage.....	15	75.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.80 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2009	96000				
10/13/2009	101000				
01/05/2010	101000				
09/15/2010	1621000				
Totals ►			18(b)	1919000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1696588
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	8500
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	31100163	596007
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	604507
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	88382	48966
36 Additional cash requirement (item 34 minus item 35).....	36	467159
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1696588
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1229429
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 OM GROUP, INC.		D Employer Identification Number (EIN) 52-1736882

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

MANNING & NAPIER ADVISORS

16-0995736

(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?
28 51	NONE	11384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

(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?
28 51	NONE	10625	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
(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:

<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>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ►	012
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OM GROUP, INC.	D Employer Identification Number (EIN) 52-1736882	

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: SIA-WZ			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C4			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-285	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OC			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-O8			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FG			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-386	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C3			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-284	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AT			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO			
c EIN-PN 04-1590850-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO**c** EIN-PN 04-1590850-016**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AF**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO**c** EIN-PN 04-1590850-015**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AC**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO**c** EIN-PN 04-1590850-012**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OM GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1736882</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	1722000
	(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)		287619
	(2) U.S. Government securities	1c(2)		1410021
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		4669516
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		3646096
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	8935019	
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

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	8935019	11735252

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	8935019	11735252
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1919000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1919000
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)	-2549	
(C) Corporate debt instruments	2b(1)(C)	11389	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8840
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	85627	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85627
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1028459	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1012306	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		16153

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	166544	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		166544
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1735568
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3931732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1104288	
(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)		1104288
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	27211	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27211
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1131499

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2800233
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: **SS&G FINANCIAL SERVICES, INC.**

(2) EIN: **34-1945695**

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		1000000
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.).....			
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)

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>SCM METAL PRODUCTS, INC. SALARIED EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OM GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1736882</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>04-1590850</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	<u>0</u>

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

December 31, 2009 and 2008

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2009 and 2008

Table of Contents

Independent Auditors' Report	2
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5-13
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	15

Independent Auditors' Report

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Plan Administrator
SCM Metal Products, Inc.
Salaried Employees' Retirement Plan
Cleveland, Ohio

We were engaged to audit the financial statements and the supplemental schedules of SCM Metal Products, Inc. Salaried Employees' Retirement Plan (the "Plan") at December 31, 2009 and 2008 for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan through September 30, 2009 and certified by Exeter Trust, the custodian of the Plan from October 1, 2009 through December 31, 2009, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certification from the custodians as of December 31, 2009 and 2008 and for the years then ended that the information provided to the Plan administrator by the custodians 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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 (ERISA) of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

Cleveland, Ohio
October 12, 2010

**Providing the
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OSCPA, PCOAB, the AICPA's
Center for Audit Quality, and
The Leading Edge Alliance

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	\$ 3,325,663	\$ -
Corporate equities	2,353,425	-
Corporate bonds	2,924,143	-
Government fixed income	1,410,021	-
Pooled separate accounts	-	8,935,019
Total investments	<u>10,013,252</u>	<u>8,935,019</u>
Employer contribution receivable	<u>1,722,000</u>	-
Net assets available for benefits	<u><u>\$ 11,735,252</u></u>	<u><u>\$ 8,935,019</u></u>

See accompanying notes to financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2009	2008
CHANGES TO NET ASSETS ATTRIBUTABLE TO:		
Investment income (loss):		
Interest and dividends	\$ 94,505	\$ 1,401
Net appreciation (depreciation) in fair value of		
Pooled separate accounts	1,735,530	(3,118,933)
Mutual funds	36,124	-
Corporate equities	189,519	-
Corporate bonds	(24,242)	-
Government fixed income	(18,704)	-
	<u>1,918,227</u>	<u>(3,118,933)</u>
Total investment income (loss)	2,012,732	(3,117,532)
Employer contribution	1,919,000	459,104
	<u>3,931,732</u>	<u>(2,658,428)</u>
 Benefits paid to participants	 1,104,288	 1,073,226
Administrative expenses	27,211	8,500
	<u>1,131,499</u>	<u>1,081,726</u>
 Net increase (decrease)	 2,800,233	 (3,740,154)
Net assets available for benefits at beginning of year	8,935,019	12,675,173
Net assets available for benefits at end of year	<u>\$ 11,735,252</u>	<u>\$ 8,935,019</u>

See accompanying notes to financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The SCM Metal Products, Inc. Salaried Employees' Retirement Plan (the "Plan") is a defined benefit pension plan that provides pension, death and disability payments to eligible salaried employees of SCM Metal Products, Inc. ("SCM"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective January 21, 1997, SCM was acquired by OM Group, Inc. ("OM Group" or the "Plan Sponsor") from U.S. Industries, Inc. Effective December 31, 1997, the Plan was frozen for purposes of determining eligibility to participate in the Plan and determining average compensation for computing accrued benefits. On April 1, 2003, OM Group completed the sale of SCM Stock to Hoganas AB ("Hoganas"). Pursuant to the provisions of the stock purchase agreement between OM Group and Hoganas, OM Group retained the responsibility for all Plan liabilities and remained the Plan sponsor and Plan administrator. Effective March 31, 2003, the Plan was frozen for purposes of determining years of service for computing eligibility to receive Plan benefits.

The Plan Sponsor contributes such amounts as are necessary on an actuarial basis to provide sufficient assets to meet benefit payments to Plan members. The Plan Sponsor has elected to fund the Plan based on the minimum funding requirements of ERISA as determined by consulting actuaries. The Plan Sponsor elected to pay certain administrative costs during 2009 and 2008 on behalf of the Plan.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC benefit guarantee, while other benefits may not be provided for at all.

The preceding description of the Plan provides only general information. Information about the Plan agreement, vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan Document. A copy of this document is available at the office of the Plan Administrator.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are presented using the accrual basis of accounting.

Investment Valuation

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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by employees through December 31, 1997. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding December 31, 1997. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employees who rendered service to SCM to December 31, 1997.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Evaluation of Subsequent Events

The Company has evaluated subsequent events through October 12, 2010, which is the date of the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through the date that have not already been reflected in the financial statements and/or disclosed in the notes.

Recent Accounting Pronouncements

In June 2009, the FASB established *The Accounting Standards Codification* (the Codification, "ASC") as the single source of authoritative accounting guidance. The Codification did not change GAAP, but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009.

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note 4, the guidance was applied prospectively for 2009.

In September 2009, the FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note 4, and became effective for Plan reporting periods ending after December 15, 2009.

3. Accumulated Plan Benefits

The Plan's actuaries, Hewitt Associates LLC, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of the beginning of each plan year is as follows:

	January 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 8,919,681	\$ 10,465,778
Participants with deferred benefits	3,329,381	4,772,025
	<u>\$ 12,249,062</u>	<u>\$ 15,237,803</u>

The following summarizes the factors that affected the actuarial present value of accumulated plan benefits from January 1, 2008 to January 1, 2009:

Actuarial present value of accumulated plan benefits, January 1, 2008	\$ 15,237,803
Benefits paid	(1,073,226)
Assumption changes	(3,099,801)
Interest	894,314
Actuarial gain	289,972
Actuarial present value of accumulated plan benefits, January 1, 2009	<u>\$ 12,249,062</u>

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions and methods underlying December 31, 2009 and 2008 actuarial valuations are as follows:

	<u>2009</u>	<u>2008</u>
Mortality assumption	RP 2000 Combined Healthy Mortality Table	RP 2000 Combined Healthy Mortality Table
Actuarial cost method	Unit Credit Method	Unit Credit Method
Discount rate	8.24%	6.08%
Normal retirement age	65 years	65 years
Measurement date	December 31	December 31

The implementation of the Pension Protection Act of 2006 required certain changes to the methods used in the funding valuation. The asset valuation method changed from a 20% write-up method to the market value method as of January 1, 2008. The asset valuation method changed from the market value method to a three-point smoothed value method as of January 1, 2009. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

The ASC *Fair Value Measurements and Disclosures* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with GAAP. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosures 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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 specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

Pooled separate accounts: Valued at the net asset value of units held by the Plan at year end.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Corporate equities: Corporate equities are valued using quoted prices listed on nationally recognized securities exchanges.

Corporate bonds: Corporate bonds are valued using quoted prices listed on nationally recognized securities exchanges.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Government fixed income: Government fixed income are valued using quoted prices listed on nationally recognized securities exchanges.

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

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

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Fixed income bond funds	\$ 1,745,373	\$ -	\$ -	\$ 1,745,373
Money market fund	287,619	-	-	287,619
Foreign asset funds	456,301	-	-	456,301
Other mutual funds	<u>836,370</u>	<u>-</u>	<u>-</u>	<u>836,370</u>
Total mutual funds	3,325,663	-	-	3,325,663
Corporate equities				
Financial	162,271	-	-	162,271
Technology	745,372	-	-	745,372
Medical	429,013	-	-	429,013
Industrial and other	<u>1,016,769</u>	<u>-</u>	<u>-</u>	<u>1,016,769</u>
Total corporate equities	2,353,425	-	-	2,353,425
Corporate bonds	2,924,143	-	-	2,924,143
Government fixed income				
Treasury bills	228,984	-	-	228,984
Treasury notes	943,027	-	-	943,027
Federal national mortgage	<u>238,010</u>	<u>-</u>	<u>-</u>	<u>238,010</u>
Total Government fixed income	<u>1,410,021</u>	<u>-</u>	<u>-</u>	<u>1,410,021</u>
Balance at December 31, 2009	<u>\$ 10,013,252</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,013,252</u>

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ <u>-</u>	\$ <u>8,935,019</u>	\$ <u>-</u>	\$ <u>8,935,019</u>

5. Investments (unaudited)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2009 and 2008, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Massachusetts Mutual Life Insurance Company, the trustee and custodian of the Plan through September 30, 2009 and by Exeter Trust, the custodian from October 1, 2009 through December 31, 2009.

The fair value of individual investments that represent 5% or more of the Plan's net assets at either December 31, 2009 or 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Babson Premiere Short Duration Bond	\$ -	\$ 2,506,889
OFI Premiere Strategic Income	-	1,282,592
PIMCO Total Return	-	1,547,845
OFI Value	-	1,155,728
OFI Premiere Capital Appreciation	-	943,461
Premier Focused International	-	446,899
US Treasury Note	943,027	-
Manning and Napier Core Plus Bond Series	1,444,339	-

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated January 27, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

7. Related Party Transactions

During 2009 and 2008, certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records were paid by the Plan Sponsor.

Certain plan investments were pooled separate accounts managed by Massachusetts Mutual Life Insurance Company, trustee and custodian of the Plan through September 30, 2009, and therefore, those transactions qualified as party-in-interest transactions.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit and overall market volatility 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan
EIN# 52-1736882 Plan Number: 012
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value
	US Treasury Bills	Cash and Equivalents	\$ 228,978	\$ 228,984
	Federal National Mortgage (FNMA)	Government and Agency Issues	240,776	238,010
	US Treasury Notes	Government and Agency Issues	958,906	943,027
	Bank of America Corp.	Corporate Bonds	483,275	479,384
	Citigroup Inc.	Corporate Bonds	483,427	480,087
	General Electric Cap Corp.	Corporate Bonds	18,309	18,017
	Goldman Sachs Group	Corporate Bonds	497,681	493,492
	JP Morgan Chase Co.	Corporate Bonds	482,918	477,095
	Key Bank NA	Corporate Bonds	496,993	493,041
	PNC Funding Corp.	Corporate Bonds	485,783	483,027
	American Express	Corporate Equity	71,944	89,549
	Baker Hughes Inc.	Corporate Equity	69,350	66,792
	Bank of New York Mellon Corp.	Corporate Equity	76,737	72,722
	Becton Dickinson & Co.	Corporate Equity	70,993	82,803
	Cisco Systems Inc.	Corporate Equity	106,289	111,800
	Dean Foods Co.	Corporate Equity	55,492	53,218
	Disney (The Walt) Company	Corporate Equity	142,162	168,668
	EMC Corp. Mass.	Corporate Equity	107,264	112,682
	Electronic Arts	Corporate Equity	71,475	68,870
	Genzyme Corp.	Corporate Equity	77,034	69,594
	Google Inc. Class A	Corporate Equity	107,412	136,396
	Hess Corp.	Corporate Equity	71,056	82,885
	Johnson & Johnson	Corporate Equity	72,226	77,936
	Juniper Networks Inc.	Corporate Equity	36,198	37,338
	Kroger Co.	Corporate Equity	49,130	50,709
	Lowes Cos. Inc.	Corporate Equity	35,665	41,634
	Microsoft Corp.	Corporate Equity	93,298	113,386
	Monsanto Co.	Corporate Equity	108,150	117,720
	Nokia Corp. ADS Series A	Corporate Equity	107,139	98,431
	Quest Diagnostics Inc.	Corporate Equity	72,098	83,324
	Safeway Inc.	Corporate Equity	55,370	53,012
	Sap AG ADR	Corporate Equity	65,344	66,470
	Sherwin Williams Co.	Corporate Equity	53,839	57,951
	Southwest Airlines Co.	Corporate Equity	128,855	158,991
	Thermo Fisher Scientific Inc.	Corporate Equity	70,912	77,258
	Unilever PLC Sponsored ADR	Corporate Equity	107,686	120,901
	Weatherford Int. LTD.	Corporate Equity	86,187	82,386
	Manning & Napier High Yield Bond Series	Fixed Income Bond Funds	288,943	301,033
	Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds	1,498,180	1,444,339
	SSGA Inst Liquid Reserves INV CL	Cash and Equivalents	287,619	287,619
	Manning & Napier Real Estate	Mutual Funds	95,715	100,638
	Manning & Napier Small Cap Series FD	Mutual Funds	142,345	153,342
	Manning & Napier Technology Series	Mutual Funds	159,711	172,474
	Manning & Napier Life Science Series	Mutual Funds	236,908	261,017
	Manning & Napier Fin Svcs Series	Mutual Funds	145,405	148,899
	Manning & Napier Intl Series	Mutual Funds	267,834	271,559
	Manning & Napier World Opp Series	Mutual Funds	177,697	184,742
	Total Investments		<u>\$ 9,846,708</u>	<u>\$ 10,013,252</u>

See accompanying notes to the financial statements

SCM Metal Products, Inc. Salaried Employees' Retirement Plan
EIN # 52-1736882
PLAN NO: 012
Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of the Plan assets:								
* Massachusetts Mutual Life Insurance Company	OFI Value							
	Sale	N/A	\$ 1,493,257	N/A	N/A	\$ 1,168,687	\$ 1,493,257	\$ 324,570
* Massachusetts Mutual Life Insurance Company	OFI Premiere Capital Appreciation							
	Sale	N/A	1,242,232	N/A	N/A	956,421	1,242,232	285,811
* Massachusetts Mutual Life Insurance Company	Babson Premiere Short Duration Bond							
	Sale	N/A	2,793,174	N/A	N/A	2,530,889	2,793,174	262,285
* Massachusetts Mutual Life Insurance Company	OFI Premiere Strategic Income							
	Sale	N/A	1,546,824	N/A	N/A	1,294,592	1,546,824	252,232
* Massachusetts Mutual Life Insurance Company	PIMCO Total Return							
	Sale	N/A	1,743,062	N/A	N/A	1,559,845	1,743,062	183,217
* Massachusetts Mutual Life Insurance Company	OFI Small and Mid Cap Value							
	Sale	N/A	601,444	N/A	N/A	444,543	601,444	156,901
* Massachusetts Mutual Life Insurance Company	Premier Focused International							
	Sale	N/A	551,721	N/A	N/A	451,219	551,721	100,502
US Treasury Bills	Cash and Equivalents							
	1 Purchase	854,982	N/A	N/A	N/A	854,982	854,982	-
	3 Sales	N/A	854,917	N/A	N/A	854,982	854,917	(65)
US Treasury Notes	Government and Agency Issues							
	1 Purchase	958,906	N/A	N/A	N/A	958,906	958,906	-
Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds							
	2 Purchases	1,498,180	N/A	N/A	N/A	1,498,180	1,498,180	-

* Indicates party-in-interest to the Plan

See accompanying notes to financial statements.

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

December 31, 2009 and 2008

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2009 and 2008

Table of Contents

Independent Auditors' Report	2
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5-13
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	15

Independent Auditors' Report

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Plan Administrator
SCM Metal Products, Inc.
Salaried Employees' Retirement Plan
Cleveland, Ohio

We were engaged to audit the financial statements and the supplemental schedules of SCM Metal Products, Inc. Salaried Employees' Retirement Plan (the "Plan") at December 31, 2009 and 2008 for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan through September 30, 2009 and certified by Exeter Trust, the custodian of the Plan from October 1, 2009 through December 31, 2009, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certification from the custodians as of December 31, 2009 and 2008 and for the years then ended that the information provided to the Plan administrator by the custodians 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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 (ERISA) of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

Cleveland, Ohio
October 12, 2010

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OSCPA, PCOAB, the AICPA's
Center for Audit Quality, and
The Leading Edge Alliance

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	\$ 3,325,663	\$ -
Corporate equities	2,353,425	-
Corporate bonds	2,924,143	-
Government fixed income	1,410,021	-
Pooled separate accounts	-	8,935,019
Total investments	<u>10,013,252</u>	<u>8,935,019</u>
 Employer contribution receivable	 <u>1,722,000</u>	 <u>-</u>
 Net assets available for benefits	 <u><u>\$ 11,735,252</u></u>	 <u><u>\$ 8,935,019</u></u>

See accompanying notes to financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2009	2008
CHANGES TO NET ASSETS ATTRIBUTABLE TO:		
Investment income (loss):		
Interest and dividends	\$ 94,505	\$ 1,401
Net appreciation (depreciation) in fair value of		
Pooled separate accounts	1,735,530	(3,118,933)
Mutual funds	36,124	-
Corporate equities	189,519	-
Corporate bonds	(24,242)	-
Government fixed income	(18,704)	-
	<u>1,918,227</u>	<u>(3,118,933)</u>
Total investment income (loss)	2,012,732	(3,117,532)
Employer contribution	1,919,000	459,104
	<u>3,931,732</u>	<u>(2,658,428)</u>
 Benefits paid to participants	 1,104,288	 1,073,226
Administrative expenses	27,211	8,500
	<u>1,131,499</u>	<u>1,081,726</u>
 Net increase (decrease)	 2,800,233	 (3,740,154)
Net assets available for benefits at beginning of year	8,935,019	12,675,173
Net assets available for benefits at end of year	<u>\$ 11,735,252</u>	<u>\$ 8,935,019</u>

See accompanying notes to financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The SCM Metal Products, Inc. Salaried Employees' Retirement Plan (the "Plan") is a defined benefit pension plan that provides pension, death and disability payments to eligible salaried employees of SCM Metal Products, Inc. ("SCM"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective January 21, 1997, SCM was acquired by OM Group, Inc. ("OM Group" or the "Plan Sponsor") from U.S. Industries, Inc. Effective December 31, 1997, the Plan was frozen for purposes of determining eligibility to participate in the Plan and determining average compensation for computing accrued benefits. On April 1, 2003, OM Group completed the sale of SCM Stock to Hoganas AB ("Hoganas"). Pursuant to the provisions of the stock purchase agreement between OM Group and Hoganas, OM Group retained the responsibility for all Plan liabilities and remained the Plan sponsor and Plan administrator. Effective March 31, 2003, the Plan was frozen for purposes of determining years of service for computing eligibility to receive Plan benefits.

The Plan Sponsor contributes such amounts as are necessary on an actuarial basis to provide sufficient assets to meet benefit payments to Plan members. The Plan Sponsor has elected to fund the Plan based on the minimum funding requirements of ERISA as determined by consulting actuaries. The Plan Sponsor elected to pay certain administrative costs during 2009 and 2008 on behalf of the Plan.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC benefit guarantee, while other benefits may not be provided for at all.

The preceding description of the Plan provides only general information. Information about the Plan agreement, vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan Document. A copy of this document is available at the office of the Plan Administrator.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are presented using the accrual basis of accounting.

Investment Valuation

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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by employees through December 31, 1997. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding December 31, 1997. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employees who rendered service to SCM to December 31, 1997.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Evaluation of Subsequent Events

The Company has evaluated subsequent events through October 12, 2010, which is the date of the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through the date that have not already been reflected in the financial statements and/or disclosed in the notes.

Recent Accounting Pronouncements

In June 2009, the FASB established *The Accounting Standards Codification* (the Codification, "ASC") as the single source of authoritative accounting guidance. The Codification did not change GAAP, but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009.

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note 4, the guidance was applied prospectively for 2009.

In September 2009, the FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note 4, and became effective for Plan reporting periods ending after December 15, 2009.

3. Accumulated Plan Benefits

The Plan's actuaries, Hewitt Associates LLC, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of the beginning of each plan year is as follows:

	January 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 8,919,681	\$ 10,465,778
Participants with deferred benefits	3,329,381	4,772,025
	<u>\$ 12,249,062</u>	<u>\$ 15,237,803</u>

The following summarizes the factors that affected the actuarial present value of accumulated plan benefits from January 1, 2008 to January 1, 2009:

Actuarial present value of accumulated plan benefits, January 1, 2008	\$ 15,237,803
Benefits paid	(1,073,226)
Assumption changes	(3,099,801)
Interest	894,314
Actuarial gain	289,972
Actuarial present value of accumulated plan benefits, January 1, 2009	<u>\$ 12,249,062</u>

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions and methods underlying December 31, 2009 and 2008 actuarial valuations are as follows:

	<u>2009</u>	<u>2008</u>
Mortality assumption	RP 2000 Combined Healthy Mortality Table	RP 2000 Combined Healthy Mortality Table
Actuarial cost method	Unit Credit Method	Unit Credit Method
Discount rate	8.24%	6.08%
Normal retirement age	65 years	65 years
Measurement date	December 31	December 31

The implementation of the Pension Protection Act of 2006 required certain changes to the methods used in the funding valuation. The asset valuation method changed from a 20% write-up method to the market value method as of January 1, 2008. The asset valuation method changed from the market value method to a three-point smoothed value method as of January 1, 2009. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

The ASC *Fair Value Measurements and Disclosures* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with GAAP. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosures 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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 specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

Pooled separate accounts: Valued at the net asset value of units held by the Plan at year end.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Corporate equities: Corporate equities are valued using quoted prices listed on nationally recognized securities exchanges.

Corporate bonds: Corporate bonds are valued using quoted prices listed on nationally recognized securities exchanges.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Government fixed income: Government fixed income are valued using quoted prices listed on nationally recognized securities exchanges.

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

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

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Fixed income bond funds	\$ 1,745,373	\$ -	\$ -	\$ 1,745,373
Money market fund	287,619	-	-	287,619
Foreign asset funds	456,301	-	-	456,301
Other mutual funds	<u>836,370</u>	<u>-</u>	<u>-</u>	<u>836,370</u>
Total mutual funds	3,325,663	-	-	3,325,663
Corporate equities				
Financial	162,271	-	-	162,271
Technology	745,372	-	-	745,372
Medical	429,013	-	-	429,013
Industrial and other	<u>1,016,769</u>	<u>-</u>	<u>-</u>	<u>1,016,769</u>
Total corporate equities	2,353,425	-	-	2,353,425
Corporate bonds	2,924,143	-	-	2,924,143
Government fixed income				
Treasury bills	228,984	-	-	228,984
Treasury notes	943,027	-	-	943,027
Federal national mortgage	<u>238,010</u>	<u>-</u>	<u>-</u>	<u>238,010</u>
Total Government fixed income	<u>1,410,021</u>	<u>-</u>	<u>-</u>	<u>1,410,021</u>
Balance at December 31, 2009	<u>\$ 10,013,252</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,013,252</u>

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ <u>-</u>	\$ <u>8,935,019</u>	\$ <u>-</u>	\$ <u>8,935,019</u>

5. Investments (unaudited)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2009 and 2008, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Massachusetts Mutual Life Insurance Company, the trustee and custodian of the Plan through September 30, 2009 and by Exeter Trust, the custodian from October 1, 2009 through December 31, 2009.

The fair value of individual investments that represent 5% or more of the Plan's net assets at either December 31, 2009 or 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Babson Premiere Short Duration Bond	\$ -	\$ 2,506,889
OFI Premiere Strategic Income	-	1,282,592
PIMCO Total Return	-	1,547,845
OFI Value	-	1,155,728
OFI Premiere Capital Appreciation	-	943,461
Premier Focused International	-	446,899
US Treasury Note	943,027	-
Manning and Napier Core Plus Bond Series	1,444,339	-

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated January 27, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

7. Related Party Transactions

During 2009 and 2008, certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records were paid by the Plan Sponsor.

Certain plan investments were pooled separate accounts managed by Massachusetts Mutual Life Insurance Company, trustee and custodian of the Plan through September 30, 2009, and therefore, those transactions qualified as party-in-interest transactions.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit and overall market volatility 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan
EIN# 52-1736882 Plan Number: 012
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value
	US Treasury Bills	Cash and Equivalents	\$ 228,978	\$ 228,984
	Federal National Mortgage (FNMA)	Government and Agency Issues	240,776	238,010
	US Treasury Notes	Government and Agency Issues	958,906	943,027
	Bank of America Corp.	Corporate Bonds	483,275	479,384
	Citigroup Inc.	Corporate Bonds	483,427	480,087
	General Electric Cap Corp.	Corporate Bonds	18,309	18,017
	Goldman Sachs Group	Corporate Bonds	497,681	493,492
	JP Morgan Chase Co.	Corporate Bonds	482,918	477,095
	Key Bank NA	Corporate Bonds	496,993	493,041
	PNC Funding Corp.	Corporate Bonds	485,783	483,027
	American Express	Corporate Equity	71,944	89,549
	Baker Hughes Inc.	Corporate Equity	69,350	66,792
	Bank of New York Mellon Corp.	Corporate Equity	76,737	72,722
	Becton Dickinson & Co.	Corporate Equity	70,993	82,803
	Cisco Systems Inc.	Corporate Equity	106,289	111,800
	Dean Foods Co.	Corporate Equity	55,492	53,218
	Disney (The Walt) Company	Corporate Equity	142,162	168,668
	EMC Corp. Mass.	Corporate Equity	107,264	112,682
	Electronic Arts	Corporate Equity	71,475	68,870
	Genzyme Corp.	Corporate Equity	77,034	69,594
	Google Inc. Class A	Corporate Equity	107,412	136,396
	Hess Corp.	Corporate Equity	71,056	82,885
	Johnson & Johnson	Corporate Equity	72,226	77,936
	Juniper Networks Inc.	Corporate Equity	36,198	37,338
	Kroger Co.	Corporate Equity	49,130	50,709
	Lowes Cos. Inc.	Corporate Equity	35,665	41,634
	Microsoft Corp.	Corporate Equity	93,298	113,386
	Monsanto Co.	Corporate Equity	108,150	117,720
	Nokia Corp. ADS Series A	Corporate Equity	107,139	98,431
	Quest Diagnostics Inc.	Corporate Equity	72,098	83,324
	Safeway Inc.	Corporate Equity	55,370	53,012
	Sap AG ADR	Corporate Equity	65,344	66,470
	Sherwin Williams Co.	Corporate Equity	53,839	57,951
	Southwest Airlines Co.	Corporate Equity	128,855	158,991
	Thermo Fisher Scientific Inc.	Corporate Equity	70,912	77,258
	Unilever PLC Sponsored ADR	Corporate Equity	107,686	120,901
	Weatherford Int. LTD.	Corporate Equity	86,187	82,386
	Manning & Napier High Yield Bond Series	Fixed Income Bond Funds	288,943	301,033
	Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds	1,498,180	1,444,339
	SSGA Inst Liquid Reserves INV CL	Cash and Equivalents	287,619	287,619
	Manning & Napier Real Estate	Mutual Funds	95,715	100,638
	Manning & Napier Small Cap Series FD	Mutual Funds	142,345	153,342
	Manning & Napier Technology Series	Mutual Funds	159,711	172,474
	Manning & Napier Life Science Series	Mutual Funds	236,908	261,017
	Manning & Napier Fin Svcs Series	Mutual Funds	145,405	148,899
	Manning & Napier Intl Series	Mutual Funds	267,834	271,559
	Manning & Napier World Opp Series	Mutual Funds	177,697	184,742
	Total Investments		<u>\$ 9,846,708</u>	<u>\$ 10,013,252</u>

See accompanying notes to the financial statements

SCM Metal Products, Inc. Salaried Employees' Retirement Plan
EIN # 52-1736882
PLAN NO: 012
Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of the Plan assets:								
* Massachusetts Mutual Life Insurance Company	OFI Value							
	Sale	N/A	\$ 1,493,257	N/A	N/A	\$ 1,168,687	\$ 1,493,257	\$ 324,570
* Massachusetts Mutual Life Insurance Company	OFI Premiere Capital Appreciation							
	Sale	N/A	1,242,232	N/A	N/A	956,421	1,242,232	285,811
* Massachusetts Mutual Life Insurance Company	Babson Premiere Short Duration Bond							
	Sale	N/A	2,793,174	N/A	N/A	2,530,889	2,793,174	262,285
* Massachusetts Mutual Life Insurance Company	OFI Premiere Strategic Income							
	Sale	N/A	1,546,824	N/A	N/A	1,294,592	1,546,824	252,232
* Massachusetts Mutual Life Insurance Company	PIMCO Total Return							
	Sale	N/A	1,743,062	N/A	N/A	1,559,845	1,743,062	183,217
* Massachusetts Mutual Life Insurance Company	OFI Small and Mid Cap Value							
	Sale	N/A	601,444	N/A	N/A	444,543	601,444	156,901
* Massachusetts Mutual Life Insurance Company	Premier Focused International							
	Sale	N/A	551,721	N/A	N/A	451,219	551,721	100,502
US Treasury Bills	Cash and Equivalents							
	1 Purchase	854,982	N/A	N/A	N/A	854,982	854,982	-
	3 Sales	N/A	854,917	N/A	N/A	854,982	854,917	(65)
US Treasury Notes	Government and Agency Issues							
	1 Purchase	958,906	N/A	N/A	N/A	958,906	958,906	-
Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds							
	2 Purchases	1,498,180	N/A	N/A	N/A	1,498,180	1,498,180	-

* Indicates party-in-interest to the Plan

See accompanying notes to financial statements.

SCM Metal Products, Inc. Salaried Employees' Retirement Plan
EIN # 52-1736882
PLAN NO: 012
Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of the Plan assets:								
* Massachusetts Mutual Life Insurance Company	OFI Value							
	Sale	N/A	\$ 1,493,257	N/A	N/A	\$ 1,168,687	\$ 1,493,257	\$ 324,570
* Massachusetts Mutual Life Insurance Company	OFI Premiere Capital Appreciation							
	Sale	N/A	1,242,232	N/A	N/A	956,421	1,242,232	285,811
* Massachusetts Mutual Life Insurance Company	Babson Premiere Short Duration Bond							
	Sale	N/A	2,793,174	N/A	N/A	2,530,889	2,793,174	262,285
* Massachusetts Mutual Life Insurance Company	OFI Premiere Strategic Income							
	Sale	N/A	1,546,824	N/A	N/A	1,294,592	1,546,824	252,232
* Massachusetts Mutual Life Insurance Company	PIMCO Total Return							
	Sale	N/A	1,743,062	N/A	N/A	1,559,845	1,743,062	183,217
* Massachusetts Mutual Life Insurance Company	OFI Small and Mid Cap Value							
	Sale	N/A	601,444	N/A	N/A	444,543	601,444	156,901
* Massachusetts Mutual Life Insurance Company	Premier Focused International							
	Sale	N/A	551,721	N/A	N/A	451,219	551,721	100,502
US Treasury Bills	Cash and Equivalents							
	1 Purchase	854,982	N/A	N/A	N/A	854,982	854,982	-
	3 Sales	N/A	854,917	N/A	N/A	854,982	854,917	(65)
US Treasury Notes	Government and Agency Issues							
	1 Purchase	958,906	N/A	N/A	N/A	958,906	958,906	-
Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds							
	2 Purchases	1,498,180	N/A	N/A	N/A	1,498,180	1,498,180	-

* Indicates party-in-interest to the Plan

See accompanying notes to financial statements.

SCM Metal Products, Inc.
Salaried Employees' Retirement Plan
EIN# 52-1736882 Plan Number: 012
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value
	US Treasury Bills	Cash and Equivalents	\$ 228,978	\$ 228,984
	Federal National Mortgage (FNMA)	Government and Agency Issues	240,776	238,010
	US Treasury Notes	Government and Agency Issues	958,906	943,027
	Bank of America Corp.	Corporate Bonds	483,275	479,384
	Citigroup Inc.	Corporate Bonds	483,427	480,087
	General Electric Cap Corp.	Corporate Bonds	18,309	18,017
	Goldman Sachs Group	Corporate Bonds	497,681	493,492
	JP Morgan Chase Co.	Corporate Bonds	482,918	477,095
	Key Bank NA	Corporate Bonds	496,993	493,041
	PNC Funding Corp.	Corporate Bonds	485,783	483,027
	American Express	Corporate Equity	71,944	89,549
	Baker Hughes Inc.	Corporate Equity	69,350	66,792
	Bank of New York Mellon Corp.	Corporate Equity	76,737	72,722
	Becton Dickinson & Co.	Corporate Equity	70,993	82,803
	Cisco Systems Inc.	Corporate Equity	106,289	111,800
	Dean Foods Co.	Corporate Equity	55,492	53,218
	Disney (The Walt) Company	Corporate Equity	142,162	168,668
	EMC Corp. Mass.	Corporate Equity	107,264	112,682
	Electronic Arts	Corporate Equity	71,475	68,870
	Genzyme Corp.	Corporate Equity	77,034	69,594
	Google Inc. Class A	Corporate Equity	107,412	136,396
	Hess Corp.	Corporate Equity	71,056	82,885
	Johnson & Johnson	Corporate Equity	72,226	77,936
	Juniper Networks Inc.	Corporate Equity	36,198	37,338
	Kroger Co.	Corporate Equity	49,130	50,709
	Lowes Cos. Inc.	Corporate Equity	35,665	41,634
	Microsoft Corp.	Corporate Equity	93,298	113,386
	Monsanto Co.	Corporate Equity	108,150	117,720
	Nokia Corp. ADS Series A	Corporate Equity	107,139	98,431
	Quest Diagnostics Inc.	Corporate Equity	72,098	83,324
	Safeway Inc.	Corporate Equity	55,370	53,012
	Sap AG ADR	Corporate Equity	65,344	66,470
	Sherwin Williams Co.	Corporate Equity	53,839	57,951
	Southwest Airlines Co.	Corporate Equity	128,855	158,991
	Thermo Fisher Scientific Inc.	Corporate Equity	70,912	77,258
	Unilever PLC Sponsored ADR	Corporate Equity	107,686	120,901
	Weatherford Int. LTD.	Corporate Equity	86,187	82,386
	Manning & Napier High Yield Bond Series	Fixed Income Bond Funds	288,943	301,033
	Manning & Napier Core Plus Bond Series	Fixed Income Bond Funds	1,498,180	1,444,339
	SSGA Inst Liquid Reserves INV CL	Cash and Equivalents	287,619	287,619
	Manning & Napier Real Estate	Mutual Funds	95,715	100,638
	Manning & Napier Small Cap Series FD	Mutual Funds	142,345	153,342
	Manning & Napier Technology Series	Mutual Funds	159,711	172,474
	Manning & Napier Life Science Series	Mutual Funds	236,908	261,017
	Manning & Napier Fin Svcs Series	Mutual Funds	145,405	148,899
	Manning & Napier Intl Series	Mutual Funds	267,834	271,559
	Manning & Napier World Opp Series	Mutual Funds	177,697	184,742
	Total Investments		<u>\$ 9,846,708</u>	<u>\$ 10,013,252</u>

See accompanying notes to the financial statements

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
July 15, 2009	\$ 96,000	8.24%	\$ 92,024
October 13, 2009	101,000	8.24%	94,945
January 5, 2010	101,000	8.24%	93,230
September 15, 2010	1,621,000	8.24%	1,416,389
Total Contribution	\$ 1,919,000		\$ 1,696,588

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates

Based on the full Yield Curve for October 2008, with sample rates as follows:

Yield Curve

Duration 0.5–5.45%
Duration 5.5–8.25%
Duration 10.5–8.87%
Duration 15.5–8.65%
Duration 20.5–8.11%
Duration 25.5–7.71%
Duration 30.5–7.46%

Retirement Age

Terminated Vested Participants

Deferred Vested participants who attained age 50 and completed at least 15 years of Vesting Service at the time of termination or attained age 60 at the time of termination are assumed to retire at age 62. All other deferred vested participants are assumed to retire at age 65.

Mortality Rates

Healthy and Disabled

2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

Withdrawal Rates

None. There are no active participants.

Disability Rates

None. There are no active participants.

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$8,500. Calculated based on the prior year actual plan expenses rounded to the nearest hundred dollars..

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, Part V—Summary of Plan Provisions

Eligibility for Plan Participation

All salaried employees become participants at the later of age 21 and completion of one year of service, by December 31, 1997. The plan was frozen on December 31, 1997.

Normal Retirement

Eligibility

Age 65 and five years of Vesting Service.

Benefit

The frozen accrued benefit as of December 31, 1997.

Postponed Retirement

Eligibility

Retirement after age 65.

Benefit

The benefit accrued at December 31, 1997.

Early Retirement

Eligibility

Age 55 and 15 years of service or age 60.

Benefit

Normal retirement benefit accrued to date of retirement and reduced for each month by which the first payment precedes age 65.

Age	Reduction
62–65	0%/Year
60–61	5%/Year
55–59	4%/Year

Terminated Vested

Eligibility

An employee is 100% vested after completing five years of service.

Benefit

The accrued normal retirement benefit at date of termination payable at age 65.

Disability

Eligibility

Total and permanent disability after 15 years of service.

Benefit

The accrued normal retirement benefit at December 31, 1997, payable at 65.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

“Family” Death Benefit

Eligibility

Ten years of service.

Benefit

An annual benefit equal to the greater of \$300 and the employee's accrued benefit actuarially reduced to the joint and 100% survivor form. Further reduced for each year by which the first payment precedes age 65.

Other Preretirement Spouse's Death Benefit

Eligibility

More than five but less than ten years of service, or age 60 with fewer than five years of service.

Benefit

The benefit that would have been payable if the participant had terminated, survived to early retirement age, retired, elected the joint and 50% survivor option, and died. A terminated vested participant's benefit is actuarially reduced for each month of elective death coverage.

Normal Benefit Form

Life annuity.

Optional Benefit Forms

Life annuity; 50%, 75%, and 100% Joint & Survivor annuities, level income annuity, lump sum (up to \$1,000).

Definitions

Credited Service

The number of years of continuous service in which the employee is active, disabled, or on an authorized leave of absence prior to December 31, 1997, rounded to the next highest full year and not to exceed 30 years.

Earnings

W-2 compensation plus salary deferral contributions to the retirement savings plan.

Final Average Earnings

The highest amount obtained by averaging compensation over any five consecutive calendar years prior to December 31, 1997.

Primary Social Security Benefit

The estimated annual benefit which a participant will be able to receive at age 65 under the Federal Social Security Act in effect December 31, 1997.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

SCM Metal Products Salaried SRP

The benefit under the SRP Plan is the SCM Metal Products Salaried qualified plan benefit without regard to section 415 or section 401(a)(17) limits as of December 31, 1997, less the benefit received from the qualified plan as of December 31, 1997.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable look-back month.
- A change in the plan sponsor's EIN from 51-0286842 to 52-1736882.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the asset valuation method from the Market Value method to a 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.
- A change in the interest rate assumption to the full yield curve with a two month look-back (October 2008 full yield curve).

Note that this change will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years. These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$2,015,591	January 1, 2008	6	\$401,777
Shortfall	\$1,094,572	January 1, 2009	7	\$194,230

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

SCM Metal Products, Inc. Salaried Employees Retirement Plan

B Three-digit

plan number (PN) ▶

012

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

OM Group, Inc.

D Employer Identification Number (EIN)

52-1736882

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 8,844,642**b** Actuarial value..... **2b** 9,729,106**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 98 9,122,455**b** For terminated vested participants..... **3b** 149 3,579,466**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 0(3) Total active..... **3c(3)** 0 0**d** Total..... **3d** 247 12,701,921**4** If the plan is at-risk, check the box and complete items (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 8.24 %**6** Target normal cost..... **6** 8,500**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

GREGORY H. REYNOLDS GHR

Signature of actuary

10/04/2010

Date

GREGORY H. REYNOLDS

Type or print name of actuary

08-06401

Most recent enrollment number

HEWITT ASSOCIATES

Firm name

(216) 573-9700

Telephone number (including area code)

5005 ROCKSIDE ROAD SUITE 1000

INDEPENDENCE

OH 44131

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	121,471	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	121,471	0
10 Interest on item 9 using prior year's actual return of <u>(27.24)%</u>	(33,089)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		46,090
b Interest on (a) using prior year's effective rate of <u>6.24</u> %		2,876
c Total available at beginning of current plan year to add to prefunding balance		48,966
d Portion of (c) to be added to prefunding balance.....		48,966
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	88,382	48,966

Part III Funding percentages

14 Funding target attainment percentage.....	14	75.51 %
15 Adjusted funding target attainment percentage.....	15	75.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2009	96,000				
10/13/2009	101,000				
01/05/2010	101,000				
09/15/2010	1,621,000				
Totals ▶			18(b)	1,919,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,696,588

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	8,500
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	31,100,163	596,007
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	604,507
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	88,382	48,966
36 Additional cash requirement (item 34 minus item 35)	36	467,159
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	1,696,588
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,229,429
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
SCM Metal Products, Inc. Salaried Employees Retirement Plan
EIN: 52-1736882 PN: 012

Schedule SB, line 22—Description of Weighted Average Retirement Age

There are currently no active participants covered by the Plan. We have populated Line 22 with the weighted average retirement age of terminated vested individuals.