Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/1992

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

9987 CARVER ROAD
SUITE 300
CINCINNATI, OH 45242

9987 CARVER ROAD
SUITE 300
CINCINNATI, OH 45242

2b Employer Identification Number (EIN) 03-0266556

2c Sponsor's telephone number 513-387-4608

2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	TERRI BALLOU
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

OMYA INDUSTRIES INC.

9987 CARVER ROAD
SUITE 300
CINCINNATI, OH 45242

3b Administrator's EIN
03-0266556

3c Administrator's telephone number
513-387-4608

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	547
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**	420
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	125
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	545
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	546
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	539
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2C 2F 2G 2T 3H

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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
OMYA INDUSTRIES INC.

D Employer Identification Number (EIN)
03-0266556

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 60	RECORDKEEPER	150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF EUROPACIFIC GTH A - AMERICAN FUN 95-2566717	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS MIDCAP VALUE INST - GOLDMAN, SAC 13-5108880	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO HIGH YIELD ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA SM CAP VAL INV - BOSTON FINANCI 04-2526037	0.35%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection**

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

A Name of plan
OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
OMYA INDUSTRIES INC.

D Employer Identification Number (EIN)
03-0266556

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1391395	1360292
(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)	1957733	1574443
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9645775	13753288
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12994903	16688023
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12994903	16688023

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)	1360292	
(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)		1360292
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12258	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12258
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	242899	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		242899
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3297797
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4913246

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1218759	
(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)		1218759
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1367	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1367
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1220126

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		3693120
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: MICHAEL A. POALINO, CPA PC **(2)** EIN: 03-0289159

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

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

Part IV Compliance Questions

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

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**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
OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
OMYA INDUSTRIES INC.

D Employer Identification Number (EIN)
03-0266556

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 39

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year **6a** 1360292

b Enter the amount contributed by the employer to the plan for this plan year **6b** 1360292

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** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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):

OMYA INDUSTRIES INC.
SECURITY SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
FEDERAL FORM 5500

DECEMBER 31, 2009 AND 2008

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Michael A. Poalino, CPA, PC

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Omya Industries Inc.
Security Savings Plan:

I was engaged to audit the financial statements and supplemental schedules of Omya Industries Inc. Security Savings Plan as of December 31, 2009 and 2008 and for the years then ended as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Notes 1, 2, 3 and 4, which was certified by Fidelity Management Trust Company ("FMTC"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. I have been informed by the plan administrator that FMTC holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from FMTC as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator from FMTC is complete and accurate.

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

Michael A. Poalino, CPA, P.C.

Rutland, VT

October 13, 2010

License Number 092-0000342

40 WOODSTOCK AVE., RUTLAND, VT 05701 • (802) 747-4050 • FAX (802) 747-3412

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 and 2008

	2009	2008
A S S E T S		
Participant directed investments at fair value:		
Fidelity Funds:		
Retirement Money Market	$ 1,574,443	$ 1,957,733
Capital Appreciation	1,784,394	1,274,948
Ginnie Mae	310,687	262,573
Real Estate Investment	459,395	327,413
Low-Priced Stock	923,763	638,132
Small Cap Discovery	575,210	361,518
Mid-Cap Stock	972,589	606,931
Select Natural Resources	537,556	302,876
Freedom Income	27,584	23,290
Freedom 2000	34,121	11,972
Freedom 2005	2,135	3,434
Freedom 2010	328,127	296,539
Freedom 2015	21,038	16,551
Freedom 2020	513,663	326,878
Freedom 2025	50,727	32,241
Freedom 2030	300,932	184,768
Freedom 2035	93,878	49,145
Freedom 2040	149,872	75,419
Freedom 2045	29,732	6,577
Freedom 2050	26,500	6,355
Vanguard Windsor II Fund	1,753,185	1,440,105
Vanguard PRIMECAP Fund	1,116,318	717,966
American Funds EuroPacific Growth Fund	1,814,687	1,136,505
PIMCO High Yield Fund	298,682	183,362
PIMCO Total Return Fund	695,360	532,900
Allianz NFJ Small-Cap Value Fund	792,741	755,483
Goldman Sachs Mid Cap Value Fund	140,412	71,894
Total investments	15,327,731	11,603,508
Receivables:		
Employer contributions	1,360,292	1,391,395
Net assets available for benefits	$16,688,023	$12,994,903

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

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009 and 2008

	2009	2008
Additions to net assets attributable to:		
Investment income:		
Interest and dividend income	$ 255,157	$ 659,737
Net gain (loss) on sale of plan assets	200,244	(662,624)
Net appreciation (depreciation) in fair value of investments	3,097,553	(5,395,830)
Net investment income (loss)	3,552,954	(5,398,717)
Employer contributions	1,360,292	1,393,056
Net addition (reduction)	4,913,246	(4,005,661)
Deductions to net assets attributable to:		
Administrative fee	1,367	2,318
Transfer to other plan	-	299,254
Benefits paid to participants	1,218,759	1,388,440
Total deductions	1,220,126	1,690,012
Net increase (decrease)	3,693,120	(5,695,673)
Net assets available for plan benefits		
Beginning of year	12,994,903	18,690,576
End of year	$16,688,023	$12,994,903

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

Note 1. Plan Description

The following description of the Omya Industries Inc. Security Savings Plan provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

This Plan, adopted on January 1, 1992, covers all the full-time non-union employees of Omya Industries Inc. (the employer, formerly known as Pluess-Staufer Industries, Inc.) and its subsidiaries: Omya Inc., Omya Arizona Inc., Omyaviation, Inc., Omya Alabama Inc. (formerly Alabama Carbonates, L.P.) and Omya California Inc.. Effective January 1, 2001, the employees of Coatex Inc. (formerly Coatex, L.L.P.), a company related through common foreign ownership, were added to the Plan. Effective January 1, 2006, the employees of Coatex North America Inc., a company related through common foreign ownership, were added to the plan. See Note 7.

The Plan is a defined contribution money purchase plan with a fixed contribution rate established by the Board of Directors of the employer. The employer contribution is calculated at 4% of employee gross wages up to the social security base ($106,800 and $102,000 for 2009 and 2008, respectively) plus 8% of any wages in excess of the social security base. No employee contributions are allowed. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Employees' account values are equal to all employer contributions and related earnings thereon. Upon termination, disability or retirement, vested employees may elect to receive their benefits as a life annuity (single or joint) or lump sum payment.

Vesting and Forfeitures

Employees are eligible to join the Plan upon completion of one year of service. Upon three years of service an employee becomes 20% vested. Upon completion of each successive year an employee gains 20% vesting each year until they become 100% vested after seven years of service. The Company Board of Directors has elected to reduce employers contribution remittance by forfeitures.

Note 1. Plan Description, continued

Investments

Plan participants are permitted to direct the investment of their individual accounts among the following mutual funds:

Fidelity Retirement Money Market Portfolio: Seeks to provide a high level of current income that is consistent with the preservation of capital and liquidity by investing in U.S. dollar denomination money market securities and repurchase agreements for those securities. The fund also invests more than 25% of total assets in the financial services industry.

Fidelity Capital Appreciation Fund: Seeks to provide capital appreciation by investing primarily in "growth" stocks or "value" stocks or both.

Fidelity Ginnie Mae Fund: Seeks to provide high current income that is consistent with prudent investment risk. The fund normally invests at least 80% of total assets in Ginnie Maes and the balance of funds in U.S. Government securities and related instruments.

Fidelity Real Estate Investment Portfolio: Seeks to provide above average income and long-term capital growth. The fund normally invests at least 80% of total assets in common stocks of companies primarily engaged in the real estate industry and other real estate related investments.

Fidelity Low-Priced Stock Fund: Seeks to provide capital appreciation by investing at least 80% of total assets in stocks that are priced at $35 or lower. Effective July 30, 2004, the fund was closed to new investors but, was once again made available to all plan participants effective May 13, 2008.

Fidelity Small Cap Discovery Fund: Seeks long-term growth of capital by investing at least 80% of total assets in companies with small market capitalization.

Fidelity Mid-Cap Stock Fund: Seeks to provide long-term growth of capital by investing at least 80% of total assets in companies with medium market capitalizations.

Note 1. Plan Description, continued

Investments, continued

Fidelity Select Natural Resources Portfolio: Seeks to provide capital appreciation by investing at least 80% of total assets in companies principally engaged in owning or developing natural resources, or supplying goods and services to such companies, and in precious metals.

Fidelity Freedom Income Fund: Seeks to provide high current income and, as a secondary objective, some capital appreciation for investors already in retirements by investing in a stable target asset allocation of 20% domestic equity funds, 35% investment grade fixed income funds, 5% high yield fixed income funds and 40% in short-term funds.

Fidelity Freedom 2000 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2000 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2005 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2005 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2010 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2010 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Note 1. Plan Description, continued

Investments, continued

Fidelity Freedom 2015 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2015 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2020 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2020 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2025 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2025 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2030 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2030 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Note 1. Plan Description, continued

Investments, continued

Fidelity Freedom 2035 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2035 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2040 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2040 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2045 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2045 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Fidelity Freedom 2050 Fund: Seeks to provide high total returns and capital appreciation for those planning retirement around year the 2050 by investing in underlying Fidelity funds according to an allocation strategy that becomes increasingly conservative until it reaches 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed income funds and 40% in short-term funds. Ultimately, the fund will merge into the Freedom Income Fund.

Note 1. Plan Description, continued

Investments, continued

Vanguard Windsor II Fund: Seeks to provide long-term growth of capital and income by investing in stocks of large and medium sized companies that are considered to be undervalued or generally overlooked in the market.

Vanguard PRIMECAP Fund: Seeks to provide long-term capital appreciation investing in predominantly mid- and large-capitalization stocks considered to have above-average earnings growth potential that is not reflected in their current market prices.

American Funds EuroPacific Growth Fund: Seeks to provide long-term appreciation by investing in companies that primarily do most of their business outside the United States. Normally, at least 80% of the fund's total assets are invested in securities of companies from Europe or the Pacific Basin.

PIMCO High Yield Fund: Seeks to maximize total return by investing normally at least 80% of its assets in a diversified portfolio if high yield securities ("junk bonds") and the remainder of its funds in investment-grade Fixed-Income Instruments.

PIMCO Total Return Fund: Seeks to maximize total return by investing normally at least 65% of assets in a diversified portfolio of Fixed-Income Instruments of varying maturities represented primarily by investment-grade debt securities but, may also invest up to 10% of total assets in high-yield securities ("junk bonds"). The fund may also invest in derivative instruments.

Allianz NFJ Small-Cap Value Fund: Seeks to provide long-term growth of capital and income by investing at least 80% of net assets in stocks of companies with smaller market capitalizations between $100 million and $3.5 billion.

Note 1. Plan Description, continued

Investments, continued

Goldman Sachs Mid Cap Value Fund: Seeks to provide long-term capital appreciation by investing at least 80% of net assets in equity securities, typically with market capitalizations within the range of the marker capitalization of companies in the Russell Midcap Value Index. It may invest up to 25% in foreign securities and up to 20% of assets in companies with market capitalizations outside the target range.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's policy is to prepare its financial statements on the accrual basis of accounting.

Valuation of Investments

Investments are valued at the quoted market value. The Fidelity Retirement Money Market Portfolio is valued at market which equals cost.

The following investments represent more than five percent (5%) of net assets available for benefits as of December 31, 2009:

Identity of Issue	Historical Cost	Market Value
Fidelity Funds:		
Retirement Money Market	$ 1,574,443	$ 1,574,443
Capital Appreciation	2,151,936	1,784,394
Low-Priced Stock	972,916	923,763
Mid-Cap Stock	961,034	972,589
Vanguard Windsor II Fund	2,018,297	1,753,185
Vanguard PRIMECAP Fund	1,042,163	1,116,318
American Funds		
EuroPacific Growth Fund	1,774,471	1,814,687

Note 2. Summary of Significant Accounting Policies, continued

Valuation of Investments, continued

The following investments represent more than five percent (5%) of net assets available for benefits as of December 31, 2008:

Identity of Issue	Historical Cost	Market Value
Fidelity Funds:		
Retirement Money Market	$ 1,957,733	$ 1,957,733
Capital Appreciation	2,241,696	1,274,948
Vanguard Windsor II Fund	2,142,898	1,440,105
Vanguard PRIMECAP Fund	953,530	717,966
American Funds		
EuroPacific Growth Fund	1,601,827	1,136,505
Allianz NFJ Small-Cap Value Fund	1,077,954	755,483

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 3. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of Fidelity Management Trust Company ("FMTC"). FMTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transactions rules.

Note 4. Plan Administrative Expenses

Investment advisory fees for portfolio management of Fidelity Funds are paid directly from fund earnings; they are included in the fund expense ratio and will not reduce plan assets. The employer has paid all other plan administrative expenses except a small amount charged against plan assets by FMTC and reflected in the Statement of Changes in Net Assets Available for Benefits.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the employer has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 6. Income Tax Status

The Plan has received a favorable letter from the Internal Revenue Service regarding tax-exempt status. The Plan was most recently amended in 2004 and a favorable determination was obtained. The Plan administrators believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 7. Transfer to Other Plans

On October 1, 2007, the entities of Coatex Inc., formerly Coatex & Polacryl, L.L.C., and Coatex North America Inc. were sold. In January, 2008, all employees of these entities had their vested and non-vested account balances transferred to a retirement plan sponsored by their new employer.

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN
EIN: 03-0266556; PN: 005

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AT DECEMBER 31, 2009

(b) (c) Identity of Issue	(d) Historical Cost	(e) Market Value
Fidelity Funds:		
Retirement Money Market	$ 1,574,443	$ 1,574,443
Capital Appreciation	2,151,936	1,784,394
Ginnie Mae	304,265	310,687
Real Estate Investment	533,210	459,395
Low-Priced Stock	972,916	923,763
Small Cap Discovery	501,219	575,210
Mid-Cap Stock	961,034	972,589
Select Natural Resources	521,585	537,556
Freedom Income	28,026	27,584
Freedom 2000	31,381	34,121
Freedom 2005	1,804	2,135
Freedom 2010	347,377	328,127
Freedom 2015	19,944	21,038
Freedom 2020	526,893	513,663
Freedom 2025	51,378	50,727
Freedom 2030	324,898	300,932
Freedom 2035	97,179	93,878
Freedom 2040	148,105	149,872
Freedom 2045	26,105	29,732
Freedom 2050	23,560	26,500
Vanguard Windsor II Fund	2,018,297	1,753,185
Vanguard PRIMECAP Fund	1,042,163	1,116,318
American Funds EuroPacific Growth Fund	1,774,471	1,814,687
PIMCO High Yield Fund	293,018	298,682
PIMCO Total Return Fund	681,901	695,360
Allianz NFJ Small-Cap Value Fund	884,708	792,741
Goldman Sachs Mid Cap Value Fund	150,427	140,412
Total investments	$15,992,243	$15,327,731

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN
EIN: 03-0266556; PN: 005

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AT DECEMBER 31, 2008

(b) (c) Identity of Issue	(d) Historical Cost	(e) Market Value
Fidelity Funds:		
Retirement Money Market	$ 1,957,733	$ 1,957,733
Capital Appreciation	2,241,696	1,274,948
Ginnie Mae	257,750	262,573
Real Estate Investment	567,034	327,413
Low-Priced Stock	976,836	638,132
Small Cap Discovery	501,284	361,518
Mid-Cap Stock	982,096	606,931
Select Natural Resources	488,125	302,876
Freedom Income	27,581	23,290
Freedom 2000	14,294	11,972
Freedom 2005	4,690	3,434
Freedom 2010	394,086	296,539
Freedom 2015	19,997	16,551
Freedom 2020	448,194	326,878
Freedom 2025	48,146	32,241
Freedom 2030	276,885	184,768
Freedom 2035	77,504	49,145
Freedom 2040	108,310	75,419
Freedom 2045	10,484	6,577
Freedom 2050	10,202	6,355
Vanguard Windsor II Fund	2,142,898	1,440,105
Vanguard PRIMECAP Fund	953,530	717,966
American Funds EuroPacific Growth Fund	1,601,827	1,136,505
PIMCO High Yield Fund	256,582	183,362
PIMCO Total Return Fund	555,545	532,900
Allianz NFJ Small-Cap Value Fund	1,077,954	755,483
Goldman Sachs Mid Cap Value Fund	119,386	71,894
Total investments	$16,120,649	$11,603,508

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN
EIN: 03-0266556; PN: 005

SUMMARY OF REALIZED GAINS

FOR THE YEAR ENDED DECEMBER 31, 2009

(b) (c) Identity of Issue	(d) Net Historical Gain/(Loss)	(e) Net Market Gain/(Loss)
Fidelity Funds:		
Capital Appreciation	$(100,998)	14,997
Ginnie Mae	4,517	3,058
Real Estate Investment	(53,775)	(2,662)
Low-Priced Stock	(29,927)	12,295
Small Cap Discovery	(14,978)	23,169
Mid-Cap Stock	(54,646)	25,418
Select Natural Resources	(1,942)	52,656
Freedom Income	(481)	349
Freedom 2000	(643)	319
Freedom 2005	(116)	505
Freedom 2010	(22,306)	(50)
Freedom 2015	(723)	827
Freedom 2020	(4,564)	(103)
Freedom 2025	(2,922)	1,273
Freedom 2030	(2,161)	(188)
Freedom 2035	(1,502)	1,689
Freedom 2040	(35)	19
Freedom 2045	1,380	1,098
Vanguard Windsor II Fund	(95,592)	7,436
Vanguard PRIMECAP Fund	(23,816)	13,763
American Funds EuroPacific Growth Fund	(47,508)	22,943
PIMCO High Yield Fund	(10,118)	10,759
PIMCO Total Return Fund	(277)	4,109
Allianz NFJ Small-Cap Value Fund	(81,537)	5,402
Goldman Sachs Mid Cap Value Fund	(10,163)	1,163
Total loss	$(554,833)	$ 200,244

OMYA INDUSTRIES INC. SECURITY SAVINGS PLAN
EIN: 03-0266556; PN: 005

SUMMARY OF REALIZED GAINS

FOR THE YEAR ENDED DECEMBER 31, 2008

(b) (c) Identity of Issue	(d) Net Historical Gain/(Loss)	(e) Net Market Gain/(Loss)
Fidelity Funds:		
Capital Appreciation	$(70,958)	$(56,098)
Ginnie Mae	(1,515)	944
Real Estate Investment	(4,443)	(566)
Low-Priced Stock	(1,999)	(20,218)
Small Cap Discovery	(10,392)	(8,819)
Mid-Cap Stock	(81,834)	(123,898)
Select Natural Resources	6,522	(53,628)
Freedom Income	(1,202)	(306)
Freedom 2000	(2,436)	(2,929)
Freedom 2005	333	(1,000)
Freedom 2010	(1,291)	(3,019)
Freedom 2015	38	(88)
Freedom 2020	(5,671)	(10,288)
Freedom 2025	(973)	(873)
Freedom 2030	(13,967)	(16,120)
Freedom 2035	(372)	(461)
Freedom 2040	(936)	(1,194)
Freedom 2045	(1,010)	(1,010)
Freedom 2050	(1,403)	(1,415)
Vanguard Windsor II Fund	(43,374)	(76,532)
Vanguard PRIMECAP Fund	(19,693)	(60,388)
American Funds EuroPacific Growth Fund	(38,492)	(181,630)
PIMCO High Yield Fund	(9,048)	(13,101)
PIMCO Total Return Fund	650	551
Allianz NFJ Small-Cap Value Fund	(19,548)	(27,353)
Goldman Sachs Mid Cap Value Fund	(8,037)	(3,185)
Total loss	$(331,051)	$(662,624)

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Number, street, and room or suite no. (If a P.O. box, see instructions)

City or town, state, and ZIP code

B Filer's identifying number (see instructions).

☐ Employer identification number (EIN).

☐ Social security number (SSN)

C	**Plan name**	**Plan number**	**Plan year ending—**		
			MM	**DD**	**YYYY**
1					
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until _____/_____/_____ to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until _____/_____/_____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶