

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report
	☒ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan SHINCOR SILICONES, INC. RETIREMENT PLAN FOR US EMPLOYEES	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1991
2a Plan sponsor's name and address (employer, if for single-employer plan) SHINCOR SILICONES, INC. 1030 EVANS AVE AKRON, OH 44305-1021	2b Employer Identification Number (EIN) 34-1683621
	2c Plan sponsor's telephone number 330-630-9460
	2d Business code (see instructions) 325200
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SHINCOR SILICONES, INC. 1030 EVANS AVE AKRON, OH 44305-1021	3b Administrator's EIN 34-1683621
	3c Administrator's telephone number 330-630-9460
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. Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 101
b Total number of participants at the end of the plan year	5b 96
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3322020	4021100
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	3322020	4021100
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	233583	
(2) Participants	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	700032	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		933615
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	184577	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	49958	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		234535
i Net income (loss) (subtract line 8h from line 8c).....	8i		699080
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	07/19/2011	SUSAN WALKER
	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

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>SHINCOR SILICONES, INC. RETIREMENT PLAN FOR US EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHINCOR SILICONES, INC.</u>	D Employer Identification Number (EIN) <u>34-1683621</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>3316559</u>
b	Actuarial value 2b <u>3316559</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>15</u> <u>1789986</u>
b	For terminated vested participants 3b <u>38</u> <u>1012612</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>172920</u>
(2)	Vested benefits 3c(2) <u>1010550</u>
(3)	Total active 3c(3) <u>42</u> <u>1183470</u>
d	Total 3d <u>95</u> <u>3986068</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>8.12</u> %
6	Target normal cost 6 <u>100607</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>09/26/2010</u>
Signature of actuary	Date
<u>GLEN ARCHINAL, MSPA</u>	<u>11-02853</u>
Type or print name of actuary	Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES INC</u>	<u>330-644-2044</u>
Firm name	Telephone number (including area code)
<u>1380 CLEVELAND AVE NW</u> <u>UNIONTOWN, OH 44685</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)	10242	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).....	10242	0
10	Interest on item 9 using prior year's actual return of <u>-22.33</u> %	-2287	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>6.16</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	7955	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	83.00 %
15	Adjusted funding target attainment percentage.....	15	83.00 %
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	82.12 %
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
04/15/2009	71000	0			
07/14/2009	68751	0			
10/15/2009	44000	0			
01/15/2010	49832	0			
Totals ►			18(b)	233583	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 222733
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

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
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	100607
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	438437	83114
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	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	183721
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	183721
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	222733
38 Interest-adjusted excess contributions for current year (see instructions).....	38	39012
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

SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES
Schedule SB, Line 26 - Schedule of Active Participant Data
Plan Name: SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES
Plan EIN: 34-1683621
Plan Number: 001

Age	Years of Credited Service											
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.		
#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	Avg.
<25		1										
25-29	3	6	1									
30-34	1	2	1									
35-39		4	1	2								
40-44		1		1	1							
45-49		1	2		1		1					
50-54				2	3							
55-59		1			1	1	1					
60-64												
65-69			2									
70+												

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

SHINCOR SILICONES, INC.
RETIREMENT PLAN FOR U.S. EMPLOYEES
VALUATION AS OF 01/01/2009
Summary of Actuarial Method and Assumptions

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Full Yield Curve Used

PBGC Segmented Rates

First Segment:	6.72%
Second Segment:	7.12%
Third Segment:	6.36%

Pre-Retirement Valuation Assumptions

Mortality Table	2009 430(h)(3)(A)-Optional combined
Probability of Turnover	Crocker-Sarason-Straight T-7
Salary Increases	5% per year

Retirement Valuation Assumptions

Mortality Table	2009 430(h)(3)(A)-Optional combined
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IRC417(e)(3) Interest Assumption

1st Segment Rate:	4.41% Effective annual rate
2nd Segment Rate:	4.57% Effective annual rate
3rd Segment Rate:	4.27% Effective annual rate

Optional Forms Assumption

- 100% of participants will elect the Plan Normal Form
- 0% of participants will elect a Single Life annuity with 5 years certain
- 0% of participants will elect a 50% Joint & Survivor annuity
- 0% of participants will elect a 100% Joint & Survivor annuity

Pre-Retirement Death Benefit

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table	2009 430(h)(3)(A)-Optional combined
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Retirement Incidence

Probability of Retirement	100% Retirement at age 62
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Liability funded on a reserve basis with Normal Retirement Benefit

SHINCOR SILICONES, INC.
RETIREMENT PLAN FOR U.S. EMPLOYEES
VALUATION AS OF 01/01/2009
Summary of Actuarial Method and Assumptions

Vested Termination Benefit

Probability of Turnover Crocker-Sarason-Straight T-7

Liability funded on a reserve basis with Normal Retirement Benefit

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 7% Effective annual rate

Mortality Table 1983 GAM MALE

Retirement Actuarial Equivalence Assumptions

Investment Earnings 7% Effective annual rate

Mortality Table 1983 GAM MALE

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2009 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

SCHEDULE SB (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>	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.	<small>OMB No. 1210-0110</small> 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
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► **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 SHINCOR SILICONES, INC. RETIREMENT PLAN FOR US EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHINCOR SILICONES, INC.	D Employer Identification Number (EIN) 34-1683621	
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	3316559	
b Actuarial value	2b	3316559	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	15	1789986
b For terminated vested participants	3b	38	1012612
c For active participants:			
(1) Non-vested benefits	3c(1)		172920
(2) Vested benefits	3c(2)		1010550
(3) Total active	3c(3)	42	1183470
d Total	3d	95	3986068
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	8.12%	
6 Target normal cost	6	100607	

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	GLEN ARCHINAL, MSPA <i>GA</i> <div style="text-align: right;">Signature of actuary</div>	<div style="text-align: right; font-size: 1.2em;">9/26/10</div> <div style="text-align: right;">Date</div>
	GLEN ARCHINAL, MSPA <div style="text-align: right;">Type or print name of actuary</div>	0802853 <div style="text-align: right;">Most recent enrollment number</div>
	SUMMIT RETIREMENT PLAN SERVICES INC <div style="text-align: right;">Firm name</div>	330-644-2044 <div style="text-align: right;">Telephone number (including area code)</div>
	1380 CLEVELAND AVE NW UNIONTOWN OH 44685 <div style="text-align: right;">Address of the firm</div>	

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)	10242	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).....	10242	0
10	Interest on item 9 using prior year's actual return of <u>-22.33%</u>	-2287	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>6.16%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	7955	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	83.00 %
15	Adjusted funding target attainment percentage.....	15	83.00 %
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	82.12 %
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
04/15/2009	71000	0			
07/14/2009	68751	0			
10/15/2009	44000	0			
01/15/2010	49832	0			
Totals ►			18(b)	233583	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 222733
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

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
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		100607
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	438437		83114
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		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34		183721
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			
36 Additional cash requirement (item 34 minus item 35)	36		183721
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37		222733
38 Interest-adjusted excess contributions for current year (see instructions)	38		39012
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

SHINCOR SILICONES, INC.
RETIREMENT PLAN FOR U.S. EMPLOYEES
VALUATION AS OF 01/01/2009
Summary of Plan Provisions

Plan Effective Date	January 1, 1991
Plan Anniversary Date	January 1, 2009
Participation Eligibility	Minimum age: None Minimum months of service: None
Plan Entry Date	First of month coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Single Life Annuity with 5 years certain 50% Monthly Joint and Survivor Annuity 100% Monthly Joint and Survivor Annuity
Normal Retirement Benefit	Benefit Formula: 1.2% per year of service times compensation IRC415 maximum annual benefit: \$195,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Highest consecutive 3 year average salary over the 10 years prior to retirement age Annual salary up to \$245,000 considered
Pre-Retirement Death Benefit	Monthly benefit for life of beneficiary Qualified pre-retirement survivor annuity is payable to the surviving spouse, unless waived with spousal consent.
Benefit Amount	Qualified 50%J&C Survivor Annuity IRC417
Vested Retirement Benefit	Vesting Schedule: Cliff vesting (100% after 5 years) Computation Period: Plan Years Based on periods of service Rounded down to completed years
Accrued Retirement Benefit	Units accrued to date
Early Retirement Benefit	Accrued retirement benefit Eligibility requirements: Minimum years of service: 5 Minimum age: 55

SHINCOR SILICONES, INC.
RETIREMENT PLAN FOR U.S. EMPLOYEES
VALUATION AS OF 01/01/2009
Summary of Plan Provisions

Benefit Commencement Date

Benefit Adjustment: The benefit is actuarially reduced for each year by which retirement age precedes normal retirement age, or if retirement is after normal retirement, the benefit is the greater of the in-service benefit as of the retirement date and the normal retirement benefit actuarially increased to the retirement date.

Retirement age adjustment percentage

Age: 55	Percent: 72.00%
Age: 56	Percent: 78.50%
Age: 57	Percent: 85.00%
Age: 58	Percent: 88.00%
Age: 59	Percent: 91.00%
Age: 60	Percent: 94.00%
Age: 61	Percent: 97.00%
Age: 62	Percent: 100.00%
Age: 63	Percent: 100.00%
Age: 64	Percent: 100.00%
Age: 65	Percent: 100.00%

SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES**Line 32 - Schedule of Amortization Bases****Plan Name: SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES****Plan EIN: 34-1683621****Plan Number: 001**

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	229,154	01/01/2008	6	45,841
Shortfall Base	209,283	01/01/2009	7	37,273

SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES**Line 19 - Discounted Employer Contributions****Plan Name: SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES****Plan EIN: 34-1683621****Plan Number: 001**

Date	Amount	Plan Year	Effective	Discounted Amount
			Rate of Interest	
04/15/2009	71000.00	2009	8.12%	69439.00
07/14/2009	68751.00	2009	8.12%	65958.00
10/15/2009	44000.00	2009	8.12%	41382.00
01/15/2010	49832.00	2009	8.12%	45954.00
Total for Minimum Required Contribution		233583.00		222733.00

SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: SHINCOR SILICONES, INC. RETIREMENT PLAN FOR U.S. EMPLOYEES
Plan EIN: 34-1683621
Plan Number: 001

Each participant is assumed to retire at his/her normal retirement age of 65.