

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BORAL INDUSTRIES INC. 200 MANSELL COURT E. SUITE 310 ROSWELL, GA 30076	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">016</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/30/1966</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 95-3304692</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 770-552-3380</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 327100</td> </tr> </table>	1b Three-digit plan number (PN) ▶	016	1c Effective date of plan 11/30/1966		2b Employer Identification Number (EIN) 95-3304692		2c Sponsor's telephone number 770-552-3380		2d Business code (see instructions) 327100	
1b Three-digit plan number (PN) ▶	016										
1c Effective date of plan 11/30/1966											
2b Employer Identification Number (EIN) 95-3304692											
2c Sponsor's telephone number 770-552-3380											
2d Business code (see instructions) 327100											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	MICHAEL STANLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	MICHAEL STANLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

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

BORAL INDUSTRIES INC.

200 MANSELL COURT E.
SUITE 310
ROSWELL, GA 30076**3b** Administrator's EIN

95-3304692

3c Administrator's telephone number

770-552-3380

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**

692

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**

223

b Retired or separated participants receiving benefits.....**6b**

162

c Other retired or separated participants entitled to future benefits.....**6c**

231

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

616

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

47

f Total. Add lines **6d** and **6e**.....**6f**

663

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

8

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:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

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>BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BORAL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>95-3304692</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>8251360</u>
b Actuarial value	2b <u>9076496</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>200</u> <u>4675063</u>
b For terminated vested participants	3b <u>228</u> <u>1534507</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>26420</u>
(2) Vested benefits	3c(2) <u>3199210</u>
(3) Total active	3c(3) <u>264</u> <u>3225630</u>
d Total	3d <u>692</u> <u>9435200</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>6.49</u> %
6 Target normal cost	6 <u>155577</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2010</u>
Signature of actuary <u>SEAN SULLIVAN</u>	Date <u>08-03649</u>
Type or print name of actuary <u>DEAN ACTUARIES, LLC</u>	Most recent enrollment number <u>214-891-0990</u>
Firm name <u>5646 MILTON STREET</u> <u>SUITE 210</u> <u>DALLAS, TX 75206</u>	Telephone number (including area code)
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)	1303659	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).....	1303659	0
10	Interest on item 9 using prior year's actual return of <u>22.31</u> %	-290846	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1254985
b	Interest on (a) using prior year's effective rate of <u>6.13</u> %		76931
c	Total available at beginning of current plan year to add to prefunding balance		1331916
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1012813	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	85.46 %
15	Adjusted funding target attainment percentage.....	15	96.20 %
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	92.00 %
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
04/24/2009	128316				
06/15/2009	194008				
07/02/2009	8919				
10/13/2009	100000				
06/17/2010	700000				
			Totals ►	18(b)	1131243 18(c)

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 1056619
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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	155577
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1371517	270061
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	425638
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
36 Additional cash requirement (item 34 minus item 35).....	36	425638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1056619
38 Interest-adjusted excess contributions for current year (see instructions).....	38	630981
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

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

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

<div>A Name of plan</div> <div>BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 016</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BORAL INDUSTRIES INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>95-3304692</div>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SUNTRUST
58-1575035

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

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

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

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

Schedule C (Form 5500) 2009
v.092308.1

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

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

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

SUNTRUST

303 PEACHTREE STREET
ATLANTA, GA 30308

58-6025980

(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?
26		53939	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DEAN ACTUARIES

5646 MILTON STREET
SUITE 210
DALLAS, TX 75206

75-2548006

(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?
11	NONE	47835	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

SMITH & HOWARD

171 17TH STREET
SUITE 900
ATLANTA, GA 30363

58-1250486

(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?
10	NONE	8550	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MAZURSKY CONSTANTINE

999 PEACHTREE STREET NE
SUITE 1500
ATLANTA, GA 30309

(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?
22		12114	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ► 016
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BORAL INDUSTRIES INC.	D Employer Identification Number (EIN) 95-3304692

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST RETIREMENT RESERVE FUND		
b Name of sponsor of entity listed in (a): SUNTRUST BANK, ATLANTA		
c EIN-PN 58-1244691-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97301
a Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST RETIREMENT FIXED INCOME FD		
b Name of sponsor of entity listed in (a): SUNTRUST BANK, ATLANTA		
c EIN-PN 58-6037825-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1550914
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P INDEX FD EBT COLLECTIVE FDS		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 41-0449260-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4999848
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	016
C Plan sponsor's name as shown on line 2a of Form 5500 BORAL INDUSTRIES INC.	D Employer Identification Number (EIN) 95-3304692	

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	4319	2169
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	830000	700000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	5555282	6648063
(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)	2003108	2082724
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8392709	9432956

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	117688	121006
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	117688	121006

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8275021	9311950
---	----	---------	---------

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)	1131243	
(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)		1131243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1376	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1376
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	27154	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	733	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		27887
(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)		-18627
(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)		1133769
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2275648

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1081017	
(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)		1081017
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)	53299	
(2) Contract administrator fees	2i(2)	24005	
(3) Investment advisory and management fees	2i(3)	3433	
(4) Other	2i(4)	76965	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		157702
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1238719

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1036929
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: SMITH & HOWARD

(2) EIN: 58-1250486

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>BORAL BARGAINING UNIT EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BORAL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>95-3304692</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-6025980</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>17</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN**

**FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008
and
SUPPLEMENTAL SCHEDULES**

**with
INDEPENDENT AUDITORS' REPORT**

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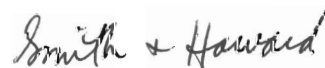
INDEPENDENT AUDITORS' REPORT

The Employee Benefits Committee Boral Industries, Inc.

We were engaged to audit the financial statements of the Boral Bargaining Unit Employees Pension Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended and the supplemental schedules as of December 31, 2009, and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's Administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information described in Note 3, which was certified by the SunTrust Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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



Atlanta, GA
October 13, 2010

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008**

ASSETS	<u>2009</u>	<u>2008</u>
Investments, at Fair Value (Notes 2, 3 and 4)	\$ 8,730,787	\$ 7,558,390
Other Assets		
Company contributions receivable (Note 6)	700,000	830,000
Other	<u>2,169</u>	<u>4,319</u>
	<u>702,169</u>	<u>834,319</u>
 LIABILITIES		
Other liabilities	<u>121,006</u>	<u>117,688</u>
 Net Assets Available for Plan Benefits	 <u><u>\$ 9,311,950</u></u>	 <u><u>\$ 8,275,021</u></u>

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

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
Company Contributions	\$ 1,131,243	\$ 1,964,423
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	1,115,142	(2,134,113)
Interest and dividends from shares of registered investment companies	<u>27,887</u>	<u>60,228</u>
	<u>1,143,029</u>	<u>(2,073,885)</u>
Expenses		
Benefits paid to participants	(1,081,017)	(777,861)
Administrative and other expenses	<u>(156,326)</u>	<u>(132,565)</u>
	<u>(1,237,343)</u>	<u>(910,426)</u>
Net Increase (Decrease) in Net Assets Available for Plan Benefits	1,036,929	(1,019,888)
Net Assets Available for Plan Benefits at Beginning of Year	<u>8,275,021</u>	<u>9,294,909</u>
Net Assets Available for Plan Benefits at End of Year	<u>\$ 9,311,950</u>	<u>\$ 8,275,021</u>

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

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Boral Bargaining Unit Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan was a defined benefit pension plan which covered substantially all nonsupervisory and nonclerical employees of the Delta Brick division of Boral Bricks, Inc. In 2000, the Plan merged with the Boral Industries, Inc. Pension Plan for Hourly Paid Employees of Merry Companies, Inc. (Merry Plan), the Baltimore Brick Company Retirement Plan for Hourly Paid Employees (Baltimore Brick Plan), the Boral Industries, Inc. Pension Plan for Georgia-Carolina Hourly Paid Employees (Georgia-Carolina Plan), and the Defined Benefit Pension Plan and Trust for the Hourly Paid Atlanta, Georgia Employees of Bickerstaff Clay Products Company, Inc. (Atlanta Plan). In 2001, the Plan merged with the Pension Plan and Trust for the Hourly Paid Employees of Bickerstaff Clay Products, Inc. at Plant 5 and Plant 6, Bessemer, Alabama (Bessemer Plan). The Plan now covers nonsupervisory and nonclerical employees of the Delta Brick, Merry Companies, Baltimore Brick, Georgia-Carolina, Atlanta, and Bessemer divisions of Boral Bricks, Inc. The Plan's sponsor is Boral Industries, Inc. (the Company). It is administered by an Employee Benefits Committee, whose members are appointed by the board of directors of the Company.

Effective January 1, 2008, the Bessemer Plan was curtailed and the accrued benefit of each participant in the Plan was frozen. No additional individuals are allowed to participate and no participant accrues any further benefits under the Plan.

Pension Benefits

Monthly retirement benefits are based on a fixed dollar benefit per year of service, calculated at the date of retirement. Participants are eligible for retirement benefits upon reaching age 65. Early retirement benefits are available to participants at age 55 with a minimum of 15 years of service. Employees are vested after five years of service and are eligible for a deferred benefit if terminated when vested. In addition, death benefits and disability retirement benefits are available in certain situations.

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Basis of Accounting

The Company made contributions to a master trust fund which supports the Plan and one other pension plan sponsored by the Company until its merger into the Plan effective December 31, 2001. Effective with the merger, the investments in the master trust fund became wholly owned by the Plan and are no longer reported by the Plan as interests in the master trust fund.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared using the accrual basis of accounting.

Administrative Expenses

Administration fees, PBGC premiums, consulting, actuarial, audit, investment fees and other allowable expenses of the Plan are paid out of the assets of the Plan at the discretion of the Employee Benefits Committee. The Company pays all other administrative expenses incidental to the operation of the Plan.

New Accounting Pronouncements

The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP"). In June 2009, the FASB issued FASB ASC 105, Generally Accepted Accounting Principles, which establishes the FASB Accounting Standards Codification as the sole source of authoritative GAAP. Pursuant to the provisions of FASB ASC 105, the Plan no longer references particular standards of GAAP. The adoption of this guidance did not impact the Plan's financial statements.

In April and September 2009, the FASB issued guidance which (i) provided additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased, (ii) provided guidance on identifying circumstances that indicate a transaction is not orderly, (iii) permitted, as a practical expedient, entities to measure the fair value of certain investments based on the net asset value per share and (iv) expanded the required disclosures about fair value measurements. The adoption of this guidance did not impact the Plan's financial statements.

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

New Accounting Pronouncements (Continued)

In May 2009 and February 2010, the FASB issued guidance which established general standards of accounting for, and disclosure of, events that occur after the balance sheet date but before financial statements are issued or are available to be issued. In particular, this guidance established (i) the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure, (ii) the circumstances under which an entity should recognize events or transactions that occurred after the balance sheet date and (iii) the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The adoption of this guidance did not impact the Plan's financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the "exit price").

Shares in Registered Investment Companies

Shares of registered investment companies are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year-end. It is not probable that the shares held in registered investment companies will be sold at amounts that differ materially from the NAV of shares held.

Common Collective Trusts

Units of common collective trusts are valued at the NAV based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust funds is based on information reported by the investment advisor using the audited financial statements of the collective trust at year-end. The investment income is allocated to the Plan based on its proportionate share of the net assets of the fund. It is not probable that the shares held in common collective trusts will be sold at amounts that differ materially from the NAV of shares held.

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation (Continued)

Other

Plan investments in cash equivalents are valued at cost which approximates market.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Risks and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Use of Estimates

The Plan Administrator has made a number of estimates and assumptions relating to the reporting of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits to prepare these financial statements in conformity with GAAP. Actual results could differ from those estimates.

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Management has evaluated subsequent events through October 13, 2010, the date which the financial statements were available to be issued.

NOTE 3 – INVESTMENTS (Unaudited)

The Plan trustee, SunTrust Bank, holds the Plan's investments and executes investment transactions. The trustee has provided certification that the financial information included in the financial statements and supplemental schedules as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008 provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedules as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008 is covered by such certification and has not been audited by independent auditors.

The following presents investments, at fair value, that represent 5% or more of the Plan's net assets as of December 31:

	<u>2009</u>	<u>2008</u>
SunTrust Retirement Investment Grade Bond Fund	\$ 1,550,914	\$ 1,475,355
Ridgeworth Fund Short Term U.S. Treasury Securities Shares	2,082,724	2,003,108
Wells Fargo & Co S&P 500 Index Fund for EBT Collective Trust	4,999,848	3,941,638

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2009</u>	<u>2008</u>
Common collective trusts	\$ 1,133,768	\$ (2,199,063)
Shares in registered investment companies	(18,626)	64,950
	<u>\$ 1,115,142</u>	<u>\$ (2,134,113)</u>

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 4 – FAIR VALUE MEASUREMENTS

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables set forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2009 and 2008. As required by GAAP, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	<u>2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trusts	\$ -	\$ 6,648,063	\$ -	\$ 6,648,063
Shares in registered investment companies	<u>2,082,724</u>	<u>-</u>	<u>-</u>	<u>2,082,724</u>
	<u>\$ 2,082,724</u>	<u>\$ 6,648,063</u>	<u>\$ -</u>	<u>\$ 8,730,787</u>

	<u>2008</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trusts	\$ -	\$ 5,555,282	\$ -	\$ 5,555,282
Shares in registered investment companies	<u>2,003,108</u>	<u>-</u>	<u>-</u>	<u>2,003,108</u>
	<u>\$ 2,003,108</u>	<u>\$ 5,555,282</u>	<u>\$ -</u>	<u>\$ 7,558,390</u>

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 5 – INCOME TAX STATUS

The Internal Revenue Service issued its latest determination letter on November 3, 2008, which stated that the Plan qualifies under the applicable provisions of the Internal Revenue Code (IRC) and, therefore, is exempt from Federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain qualification. The Plan has been amended and restated since receiving the determination letter. The Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax.

NOTE 6 – FUNDING POLICY

The Company has agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. Under provisions of the Employee Retirement Income Security Act of 1974 (ERISA), if the Plan is terminated, the Company may be obligated to make termination payments to the Plan, and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

The Company's contribution is computed annually by the Plan's actuary and is in compliance with the minimum funding requirements of ERISA. The Company's contributions for 2009 and 2008 comply with the minimum funding requirements of ERISA. The Company contributions receivable of \$700,000 at December 31, 2009 was paid by the Company in June 2010.

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits results from applying actuarial assumptions to adjust accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

The following actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in the valuations as of January 1, 2009 and 2008 are as follows:

Actuarial Cost Method	Discounted Projected Accrued Benefit Cashflows		
Discount Rate	8.00%		
Funding Target	IRC 430(h) transitional funding segment rates as of the valuation date. Rates on January 1:		
		<u>2009</u>	<u>2008</u>
	Short-term	5.32%	5.31%
	Mid-term	6.45%	5.92%
	Long-term	6.69%	6.43%
Assumed mortality of turnover	RP2000p		
Assumed retirement age	65		
Marital status and spouse's age	75% of participants are assumed married, with husbands three years older than wives.		

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

Under the above assumptions, the actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving payments	\$ 4,150,667	\$ 3,758,945
Terminated participants with deferred benefits and other participants	<u>4,052,731</u>	<u>4,368,092</u>
	8,203,398	8,127,037
Non-vested benefits	<u>57,475</u>	<u>76,395</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 8,260,873</u></u>	<u><u>\$ 8,203,432</u></u>

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 8,203,432</u>	<u>\$ 7,698,296</u>
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	152,295	258,438
Interest	656,275	615,864
Benefits paid to participants	(777,861)	(625,462)
Effect of plan and assumption changes	<u>26,732</u>	<u>256,296</u>
Net increase	<u>57,441</u>	<u>505,136</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 8,260,873</u></u>	<u><u>\$ 8,203,432</u></u>

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE 8 – PARTY – IN – INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by SunTrust Bank. SunTrust Bank is the trustee of the Plan and therefore, these transactions qualify as party-in-interest.

NOTE 9 – PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan agreement, it may do so at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (b) Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- (c) All other vested benefits.
- (d) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees which is adjusted periodically. That ceiling applies to those participants who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form other than a single life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

SUPPLEMENTAL SCHEDULES

**BORAL BARGAINING UNIT
EMPLOYEES PENSION PLAN
SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2009**

**EIN: 95-33044692
Plan Number: 016**

(a)	(b)	(c)	(d)	(e)
	Issuer or Borrower	Description of investment including maturity date, rate of interest, collateral, par of maturity value	Cost	Fair Value
*	SunTrust	SunTrust Retirement Reserve Fund	\$ 97,301	\$ 97,301
*	SunTrust	SunTrust Retirement Investment Grade Bond Fund	1,194,000	1,550,914
*	SunTrust	Ridgeworth Fund Short Term U.S. Treasury Securities Shares	2,030,411	2,082,724
	Wells Fargo	Wells Fargo & Co S&P 500 Index Fund for EBT Collective Trust	<u>2,699,596</u>	<u>4,999,848</u>
			<u>\$ 6,021,308</u>	<u>\$ 8,730,787</u>

Note: The above data is based upon information that has been certified as complete and accurate by SunTrust Bank, trustee of the Plan.

* Party-in-interest as defined by ERISA

Schedule SB, line 26 – Schedule of Active Participant Data

Age Group	Years of Service										All Service
	0 - 1	1 - 5	5 - 10	10 - 15	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40+	
14 - 19											0
20 - 24		6									6
25 - 29		13	4								17
30 - 34		11	8	2							21
35 - 39		7	4	3	3	1					18
40 - 44	1	10	6	4	11	11	3				46
45 - 49		5	6	4	6	15	6				42
50 - 54		2	6	6	8	11	10	8			51
55 - 59			5	2	4	3	7	10	2	1	34
60 - 64			1		3	3	3	2	2	7	21
65 - 69		1					2			2	5
70 - 100										3	3
All Ages	1	55	40	21	35	44	31	20	4	13	264

Age is in completed years (age last birthday) on the census date

Service is completed years of benefit service on the census date

Schedule SB, line 25 – Change in Method

In accordance with plan sponsor elections, the method for determining the actuarial value of plan assets was changed from the fair market value plus the discounted value of any contributions receivable, to the average of the fair market value on the valuation date and the adjusted fair market value for the two previous valuation dates. Revenue Ruling 1.430(g)-1(f)(3) grants automatic approval for this change taking effect in the 2009 plan year.

There was no change to the method for determining the discount rates or to the valuation date.

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

Active participants are assumed to retire at age 65.

Schedule SB, line 24 – Change in Actuarial Assumptions

As of the valuation date, 156 of the 264 active plan participants were not performing any duties due to layoff in 2008. Accordingly, we adopted a special assumption that all such employees would return to work after a one-year break in service. Thus:

- Employees on layoff who did not accrue any service in 2008 are assumed to return to work early enough to accrue a year of service in 2009.
- Employees on layoff who did accrue a year of service in 2008 are assumed to return to work but not accrue any service in 2009.
- Employees on layoff who accrued a partial year of service in 2008 (0.50 or 0.75 years, Delta location only) are assumed to return to work in time to accrue 0.5 years of service in 2009.

As with our prior assumption, employees on leave that has lasted longer than one year as of the valuation date are assumed not to return to work, but any nonvested benefits are not forfeited until after 5 consecutive one-year breaks in service.

Schedule SB, Part V – Summary of Plan Provisions

Covered Employees	Employees of Boral Industries Inc. that are employed in one of the following collective bargaining groups: <ol style="list-style-type: none">1 Delta2 Baltimore (nonactive participants only)3 Merry4 Atlanta5 Georgia Carolina7 Bessemer
Eligibility	Employees enter the plan on the entry date following completion of: <ol style="list-style-type: none">1 6 months of service and age 20½2 N/A3 500 hours of service completed in a 6-consecutive-month period4 1 year of eligibility service5 no age or service requirements7 6 consecutive months working at least 1 hour; no new participants allowed after 12/31/07
Entry Dates	<ol style="list-style-type: none">1 January 12 N/A3 January 14 January 1 and July 15 hire date7 January 1 and July 1
Employee Contributions	Boral Industries Inc. pays the entire cost of the plan
Service Considered	
Vesting	One year for each plan year that the participant works at least 1,000 hours.
Benefit	One year for each plan year that the participant works at least 1,000 hours, except: <ol style="list-style-type: none">1 1,760 hours needed for a full year of service; 0.75 years if the participant works at least 1,360 hours, and 0.50 years if the participant works at least 1,000 hours2 Service is frozen3 Service is limited to 35 years7 Service is frozen

Schedule SB, Part V – Summary of Plan Provisions**Benefit Eligibility**

Normal	Age 65
Early	<ol style="list-style-type: none"> 1 Age 55 with 15 years vesting service 2 Age 55 with 10 years vesting service 3 Age 55 with 10 years vesting service 4 Age 55 with 5 years vesting service and 3 years of benefit service 5 Age 55 with 15 years vesting service 7 Age 55 with 10 years vesting service and 3 years of benefit service
Vesting	5 years of vesting service
Pre-retirement Death	5 years of vesting service and married on date of death
Disability	<p>Total and permanent disability after completion of:</p> <ol style="list-style-type: none"> 1 5 years vesting service 2 5 years vesting service 3 no service requirement 4 5 years vesting service 5 no service requirement 7 10 years vesting service

Accrued Benefit

- 1 \$13.75 per month times years of benefit service, increasing to \$14.10 on 1/1/2010, and to \$14.50 on 1/1/2011
- 2 frozen benefit
- 3 accrued benefit as of 12/31/05, plus \$25 per month times years of benefit service earned after 12/31/05
- 4 \$16 per month times years of benefit service, minus prior plan offset
- 5 \$16.50 per month times years of benefit service
- 7 \$19 per month times years of benefit service as of 12/31/07

Normal Form of Benefit

- Life only annuity for all groups except:
- 5 life annuity with a guaranteed minimum 120 monthly payments

Normal Retirement Benefit

The accrued benefit

Late Retirement Benefit

- The greater of the accrued benefit at actual retirement date, or the accrued benefit at normal retirement date increased for late commencement. The increase will be the actuarially equivalent benefit, except:
- 1 6% per year increase
 - 2 no increase

Schedule SB, Part V – Summary of Plan Provisions**SUMMARY OF PLAN PROVISIONS (cont'd)****Early Retirement Benefit**

The participant may elect the accrued benefit starting at normal retirement age or a reduced benefit starting any time after early retirement age; early retirement reduction is as follows:

- 1 6% per year
- 2 1/15 for each of the first 5 years, 1/30 for each of the next 5 years
- 3 5% per year
- 4 1/15 for each of the first 5 years, 1/30 for each of the next 5 years
- 5 5% per year
- 7 7% for each of the first 5 years, 3% for each of the next 5 years

Vested Retirement Benefit

The participant may elect the accrued benefit starting at normal retirement age, or if the service requirements for early retirement have been met, a benefit starting any time after age 55 reduced as for early retirement.

Pre-Retirement Death Benefit

50% of the qualified joint and 50% survivor annuity option payable as of the date of death (or as of the earliest retirement age, if later).

Disability Retirement

The accrued benefit starting at normal retirement age. Alternatively, the participant may elect early commencement; the benefit payable at an early commencement date is an actuarially equivalent benefit, except:

- 4 accrued benefit is unreduced for early commencement
- 7 accrued benefit is unreduced for early commencement

Optional Forms of Payments

In lieu of the normal form benefit, a participant may elect an actuarially equivalent benefit in any of the following forms:

- qualified joint and 50% survivor annuity (married participants only)
- life annuity (group 5)
- joint and 50%, 75% or 100% survivor annuity (groups 1, 2, 3 and 5)
- joint and two-thirds survivor annuity (groups 2 and 3)
- life annuity with guaranteed minimum 60, 120 or 180 monthly payments (groups 2, 3 and 5)
- lump sum payment (group 1)
- installment payments (group 1)

Married participants in all groups must receive their benefit in a qualified joint and survivor annuity unless the spouse consents in writing to another form of payment.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

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

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

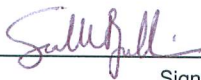
A Name of plan Boral Bargaining Unit Employees Pension Plan		B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Boral Industries Inc.		D Employer Identification Number (EIN) 95-3304692
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	8,251,360
b Actuarial value.....		2b	9,076,496
3 Funding target/participant count breakdown		(1) Number of participants (2) Funding Target	
a For retired participants and beneficiaries receiving payment.....		3a	200 4,675,063
b For terminated vested participants.....		3b	228 1,534,507
c For active participants:			
(1) Non-vested benefits.....		3c(1)	26,420
(2) Vested benefits.....		3c(2)	3,199,210
(3) Total active.....		3c(3)	264 3,225,630
d Total.....		3d	692 9,435,200
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	6.49 %
6 Target normal cost.....		6	155,577

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**

Signature of actuary

10/06/2010

Date

Sean Sullivan

Type or print name of actuary

08-03649

Most recent enrollment number

Dean Actuaries, LLC

(214) 891-0990

5646 Milton Street, Suite 210

Firm name

Telephone number (including area code)

Dallas

TX 75206

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)	1,303,659	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)	1,303,659	0
10 Interest on item 9 using prior year's actual return of <u>(22.31)%</u>	(290,846)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,254,985
b Interest on (a) using prior year's effective rate of <u>6.13 %</u>		76,931
c Total available at beginning of current plan year to add to prefunding balance		1,331,916
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,012,813	0

Part III Funding percentages

14 Funding target attainment percentage	14	85.46 %
15 Adjusted funding target attainment percentage	15	96.20 %
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	92.00 %
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
04/24/2009	128,316				
06/15/2009	194,008				
07/02/2009	8,919				
10/13/2009	100,000				
06/17/2010	700,000				
Totals ▶			18(b)	1,131,243	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1,056,619
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	155,577
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	1,371,517	270,061
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	425,638
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	425,638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1,056,619
38 Interest-adjusted excess contributions for current year (see instructions).....	38	630,981
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, line 32 – Schedule of Amortization Bases

[illegible]

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

This report assumes the plan will exist as an ongoing entity. All numbers presented are based on this ongoing plan concept.

Discounted Projected Accrued Benefit Cashflows

Under the Pension Protection Act of 2006, all costs are determined by projecting cashflows corresponding to the current accrued benefits, and these cashflows are discounted back to the valuation date using a series of discount rates. The accrued benefits are determined as of the valuation date, and the cashflow projection reflects the probability of each contingency available under the plan (such as turnover, mortality, retirement or disablement). Cashflows for current nonactive participants are similarly determined.

There are three exceptions to the general rule that only benefits accrued as of the valuation date are included in the cashflow projection:

- In determining the target normal cost, the incremental effect on cashflows of benefits expected to accrue during the plan year by active participants is projected.
- In determining the maximum deductible contribution, the incremental effect on cashflows of the effect on expected future pay increase by active participants is projected. For this projection, accrued service on the valuation date is fixed, but pay is projected to the different contingencies. In a final pay plan, this will result in larger “accrued benefits” in the cashflows.
- In determining the premium funding target for PBGC liability determinations, only vested accrued benefits are considered when projecting cashflows. PBGC regulations require the inclusion of the QPSA benefits corresponding to current vested benefits as also being vested for this determination.

None of the exceptions impact the cashflows to current nonactive participants.

Valuation of Liabilities

All active participants included in the valuation are assumed to earn one full year of credited service and one full year of vesting service for each future year while still employed. No liability is held for non-vested, inactive employees regardless of whether or not they have completed a one-year break-in-service. Costs for ancillary benefits provided by the Plan have been determined in the same manner and on the same basis as costs for normal retirement benefits. The Defined Benefit Plan limits of Section 415(b) have been reflected in the valuation.

Valuation of Assets

The actuarial value of assets is determined as the average of the fair market value on the valuation date, and the adjusted fair market value for the two previous determination dates. The two previous determination dates are the two previous valuation dates, and the resulting average must be within 10% of the fair market value on the determination date. The fair market value on any date includes the discounted value of any contributions receivable for the prior plan year that were contributed on a timely basis. The discount is based on the effective interest rate for the year to which the contribution was made, with no discount applied to receivable contributions for the 2006 and 2007 plan years.

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

Discount Rates		Rates per Thousand		
Purpose	Rate	Age	Turnover	Disab't
FAS-35 liability	8.00%	21	111.57	0.71
		22	110.57	0.72
Funding Target		23	109.58	0.73
short-term rate	5.32%	24	108.58	0.74
mid-term rate	6.45%	25	107.58	0.75
long-term rate	6.69%	26	106.59	0.76
		27	105.59	0.78
Premium Funding Target		28	103.59	0.80
short-term rate	6.72%	29	101.60	0.82
mid-term rate	7.12%	30	99.60	0.84
long-term rate	6.36%	31	97.60	0.86
		32	95.71	0.88
		33	90.19	0.90
Mortality Rates		34	84.67	0.93
Not in pay status	RP2000p employee	35	79.15	0.96
Healthy annuitants	RP2000p annuitant	36	73.63	0.99
Disabled annuitants	RP2000p disabled	37	65.91	1.03
		38	64.41	1.07
Turnover	Age-related rates shown	39	62.86	1.11
		40	61.25	1.15
Disablement Rates	Age-related rates shown	41	59.57	1.20
		42	57.79	1.27
Retirement Age	Age 65	43	55.92	1.36
		44	53.94	1.48
Form of payment		45	51.82	1.62
Mandatory cashouts	Lump sum	46	49.49	1.76
Other benefits	Normal form	47	46.86	1.91
		48	43.83	2.07
Other Assumptions		49	40.35	2.23
Percent married	75%	50	36.40	2.40
Husband/wife age difference	3 years (male older)	51	32.03	2.60
Commencement date for preretirement death benefits	Earliest retirement age	52	27.40	2.86
Return to work for ee' on leave		53	22.69	3.18
For less than one year	Return after 1 yr svc break	54	18.11	3.56
For over one year	Will not return (nonvested	55	13.86	4.00
	vested benefits forfeited	56	10.11	4.59
	after 5 yr svc break)	57	6.97	5.34
		58	4.47	6.10
		59	2.62	7.20
		60	1.34	8.43
		61	0.65	9.75
		62	0.14	11.30
		63	0.00	13.05
		64	0.00	14.90
		65	0.00	17.10

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Boral Bargaining Unit Employees Pension Plan

EIN: 95-3304692

Plan Sponsor's Name Boral Industries Inc.

PN: 016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	SunTrust	SunTrust Retirement Reserve Fund	97,301	97,301
*	SunTrust	SunTrust Retirement Fixed Income Fund	1,194,000	1,550,914
*	SunTrust	Ridgeworth FD Short Term US Tres Sec	2,030,411	2,082,724
	Wells Fargo	S&P Index Fund EBT FDS	2,699,596	4,999,848