Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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. . . . . ▶ [X]

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
ACME BRICK CO. UNION PENSION PLAN FOR EMPLOYEES REPRESENTED BY THE UNITED STEEL, PAPER & FORESTRY, RUBBER, ETC., LOCAL NO. 602 OF PERLA, AR

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/14/1976

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

P. O. BOX 425
FORT WORTH, TX 76101-0425

3024 ACME BRICK PLAZA
FORT WORTH, TX 76109
FORT WORTH, TX 76101-0425

2b Employer Identification Number (EIN)
75-2864968

2c Sponsor's telephone number
817-336-5125

2d Business code (see instructions)
327900

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.	10/22/2010	JEANETTE BERRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2010	JUDY B. HUNTER
	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

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

RETIREMENT COMMITTEE
JEANETTE BERRY
P. O. BOX 425
FORT WORTH, TX 76101-0425

3b Administrator's EIN
75-1520693

3c Administrator's telephone number
817-390-2474

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**	116
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**	56
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	91
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	17
f	Total. Add lines **6d** and **6e**	**6f**	108
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**	1
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 1I 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

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
ACME BRICK CO. UNION PENSION PLAN FOR EMPLOYEES REPRESENTED BY THE UNITED STEEL, PAPER & FORESTRY, RUBBER, ETC., LOCAL NO. 602 OF PERLA, AR

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ACME BUILDING BRANDS, INC.

D Employer Identification Number (EIN)
75-2864968

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	721394
b	Actuarial value	**2b**	793533

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	39	659165
b	For terminated vested participants	**3b**	29	163834
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		754
	(2) Vested benefits	**3c(2)**		487454
	(3) Total active	**3c(3)**	64	488208
d	Total	**3d**	132	1311207

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**	6.45 %
6	Target normal cost	**6**	0

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

	10/04/2010
Signature of actuary	Date
BRUCE R. NORDSTROM, ASA, EA, MAAA	08-05871
Type or print name of actuary	Most recent enrollment number
AGP BENEFIT PARTNERS	214-526-2377
Firm name	Telephone number (including area code)
9400 N. CENTRAL EXPWY. SUITE 1400 DALLAS, TX 75231-5027	
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 [ ]

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)	9	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)	9	0
10	Interest on item 9 using prior year's actual return of -19.63 %	-2	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1251
b	Interest on (a) using prior year's effective rate of 6.01 %		75
c	Total available at beginning of current plan year to add to prefunding balance		1326
d	Portion of (c) to be added to prefunding balance		1326
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)	7	1326

Part III Funding percentages

14	Funding target attainment percentage	14	60.41 %
15	Adjusted funding target attainment percentage	15	60.42 %
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	63.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	60.51 %

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	22511				
07/08/2009	22511				
10/02/2009	22511				
12/09/2009	22511				
05/11/2010	12254				
			Totals ► 18(b)	102298	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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	97819

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.64 %	6.40 %	6.56 %	☐ 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**:

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**: 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	519007	97619
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**: 97619

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 97619

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 97819

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 200

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 (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

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

Acme Brick Company Union Pension Plan -- Perla, Arkansas

B Three-digit plan number (PN) ▶ 004

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

Acme Building Brands, Inc.

D Employer Identification Number (EIN)

75-2864968

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

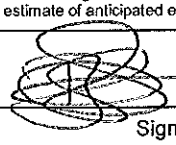
Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2009			
2	Assets:			
	a Market value	2a		721,394
	b Actuarial value	2b		793,533
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	39	659,165
	b For terminated vested participants	3b	29	163,834
	c For active participants:			
	(1) Non-vested benefits	3c(1)		754
	(2) Vested benefits	3c(2)		487,454
	(3) Total active	3c(3)	64	488,208
	d Total	3d	132	1,311,207
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		6.45 %
6	Target normal cost	6		0

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

10/04/2010
Date

Bruce R. Nordstrom, ASA, EA, MAAA
Type or print name of actuary

08-05871
Most recent enrollment number

Apex Global Partners
Firm name

(214)526-2377
Telephone number (including area code)

9400 N. Central Expwy.
Suite 1400
Dallas TX 75231-5027
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 [ ]

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)	9	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)	9	0
10	Interest on item 9 using prior year's actual return of (19.63)%	(2)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,251
	b Interest on (a) using prior year's effective rate of 6.01 %		75
	c Total available at beginning of current plan year to add to prefunding balance		1,326
	d Portion of (c) to be added to prefunding balance		1,326
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)	7	1,326

Part III Funding percentages

14	Funding target attainment percentage	14	60.42 %
15	Adjusted funding target attainment percentage	15	60.42 %
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	63.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	60.52 %

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	22,511				
07/08/2009	22,511				
10/02/2009	22,511				
12/09/2009	22,511				
05/11/2010	12,254				
			Totals ▶ 18(b)	102,298	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	97,819

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.64 %	6.40 %	6.56 %	

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**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	519,007	97,619
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**	97,619

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	97,619
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	97,819
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	200
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

Plan Name: Acme Brick Company Union Pension Plan -- Perla Arkansas
EIN/PN: 75-2864968/004

Schedule SB, line 19 - Discounted Employer Contributions for the 2009 Plan Year

Date	Amount Paid by Employer	Adjusted to 01/01/2009 Using a 6.45% Rate
04/24/2009	22,511	22,054 *
07/08/2009	22,511	21,798
10/02/2009	22,511	21,479
12/09/2009	22,511	21,230
05/11/2010	12,254	11,258
Total	102,298	97,819

* includes increased rate for late quarterly installment.

Plan Name: Acme Brick Company Union Pension Plan -- Perla Arkansas
EIN/PN: 75-2864968/004

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

100% retirement is assumed at age 65, the plan's normal retirement age.

Plan Name: Acme Brick Company Union Pension Plan -- Perla Arkansas
EIN/PN: 75-2864968/004

Schedule SB, line 25 - Change in Method

As of January 1, 2009, the actuarial asset valuation method has been changed from market value to the 3-year smoothing asset method. Initially, 50% of the prior year's gain/(loss) was recognized. The gain/(loss) is the difference between the actual and expected return on the market value of assets.

Beginning in 2010, the actuarial value of assets will be determined by subtracting from (or adding to) the current year-end market value the sum of the following:

(i) 66⅔ % of the gain (or loss) during the first year preceding the valuation date,
(ii) 33⅓ % of the gain (or loss) during the second year preceding the valuation date,

The result is constrained to be no more than 110% of market value of assets or less than 90% of market value of assets.

Plan Name: Acme Brick Company Union Pension Plan – Perla
EIN/PN: 75-2864968/004

Schedule SB, Line 26 – Schedule of Active Participant Data

	Years of Credited Service										
Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	Total
0 - 24	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	1	2	0	0	0	0	0	0	0	3
30 - 34	0	2	2	1	0	0	0	0	0	0	5
35 - 39	0	1	1	2	1	0	0	0	0	0	5
40 - 44	0	0	3	3	7	0	1	0	0	0	14
45 - 49	0	0	1	1	3	1	5	0	0	0	11
50 - 54	0	0	1	3	3	3	5	2	1	0	18
55 - 59	0	0	1	1	0	1	0	0	1	2	6
60 - 64	0	0	0	0	1	1	0	0	0	0	2
65 & Up	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	4	11	11	15	6	11	2	2	2	64

Plan Name: Acme Brick Company Union Pension Plan -- Perla Arkansas
EIN/PN: 75-2864968/004

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Valuation Date	Present Value of Remaining Installments	Number of Years Remaining	Amortization Installment
Shortfall	01/01/2008	443,996	6	84,940
Shortfall	01/01/2009	74,978	7	12,673
Total		518,974		97,613

Schedule SB, Part V – Summary of Plan Provisions

Effective Date of Plan and Plan Year
The plan provisions used were based on the provisions of the plan as restated effective January 1, 1997. The latest plan amendment is effective July 1, 2007. The plan year is the calendar year.

Sponsoring Employer
Acme Brick Company.

Participation Requirements
Each Acme Brick Company employee who is represented by the United Steel, Paper & Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW), Local No. 602 of Perla, Arkansas is eligible to participate in the plan on the January 1st or July 1st after having worked at least 1,000 hours during the first 12 months of employment (or any subsequent calendar year).

However, in association with the plan freeze, any employee who has not met the eligibility requirements of the plan by January 14, 2006, will not be eligible to participate.

Type of Plan
Self-administered, trusteed defined benefit pension plan.

Contributions to the Plan
Employer contributions to the trust will be made in such amounts and at such times as are required to maintain the plan and trust in compliance with ERISA and IRC Section 412. Participant contributions are not required or permitted.

Benefit Service
Benefit service is the period of employment used in determining the amount of pension benefits. A full year of benefit service will be granted for each calendar year beginning in 1976 that an employee works or is paid for 2,080 hours or more of service. If less than 2,080 hours are worked, benefit service is granted at the rate of 1/2,080 for each hour of service (in a year in which an employee works at least 1,000 hours). Also, in the initial year of hire and the ultimate year of termination, partial benefit service will be granted for years in which fewer than 1,000 hours are worked. Benefit service for participants of the prior plan up to January 1, 1976 will be granted for all continuous, uninterrupted employment with the employer.

However, in association with the plan freeze, no benefit service will accrue in this plan after March 31, 2006.

Vesting Service
Vesting service is the period of employment used in determining eligibility for benefits. A year of vesting service is granted for each calendar year beginning in 1976 in which an employee has completed 1,000 or more hours of service with an employer. Also, in the initial year of hire and the ultimate year of termination, partial vesting service will be granted for years in which fewer than 1,000 hours are worked. Vesting service for participants of the prior plan up to January 1, 1976 will be granted for all continuous, uninterrupted employment with the employer.

Vesting service accrual will continue in this plan, even after the plan freeze date (March 31, 2006).

Plan Compensation
Not applicable. This is not a pay-related plan.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement Benefit
Eligibility is the first day of the month coincident with or next following attainment of age 65 and completion of at least 5 years of vesting service, or 5 years of participation if earlier. The monthly lifetime only benefit is equal to:

- $130, plus $8 for each year of service in excess of 15 years (if service is under 20 years); or
- $160, plus $8 for each year of service in excess of 15 years (if service is 20 or more years, but less than 25 years); or
- $195, plus $8 for each year of service in excess of 15 years (if service is 25 or more years).

However, in association with the plan freeze, there are no further benefit accruals in this plan after March 31, 2006.

Late Retirement Benefit
The benefit is determined as for normal retirement considering service up to actual retirement, but not later than March 31, 2006.

Payments begin at actual retirement without actuarial increase because of age. In no event will this late retirement benefit be less than the actuarial equivalent of the normal retirement benefit.

Early Retirement Benefit
At or after age 60, provided the employee has completed at least 5 years of vesting service. The monthly lifetime only annuity, payable at the employee's normal retirement date, is equal to the benefit as defined above for normal retirement using the number of years of benefit service the participant would have accumulated had his employment continued uninterrupted to normal retirement date, multiplied by a fraction, the numerator of which is equal to the number of years of benefit service accrued to the earlier of date of retirement and March 31, 2006, and the denominator of which is the number of years of benefit service the participant would have accumulated had his employment continued uninterrupted to normal retirement date.

The participant may elect to start receiving benefits as early as his early retirement date. The monthly pension is reduced $1/15^{th}$ for each year ($1/180^{th}$ for each month) by which commencement of payments precedes normal retirement date.

Termination Benefit
At any age, provided the employee has completed at least 5 years of vesting service. The monthly lifetime only annuity is computed as for early retirement, considering benefit service earned at termination. Payments will commence at normal retirement date, if the participant is living, although if requested, a reduced pension may be paid as early as age 60. The reduction for early commencement is the same as for early retirement.

However, in association with the plan freeze, there are no further benefit accruals in this plan after March 31, 2006.

Disability Benefit
If disability occurs prior to March 31, 2006, benefits are payable if the employee has completed at least 15 years of vesting service, retires because of total and permanent disability, and is eligible to receive federal Social Security disability benefits. The monthly lifetime only annuity is payable on the first day of the month coinciding with or next following a 5-month waiting period. The benefit amount is computed as for early retirement, considering service to date of disability, but is unreduced for early commencement. If disability occurs after March 31, 2006, benefits are the same as for termination benefits.

Pre-Retirement Death Benefit
If a participant dies after becoming vested in any benefit, his spouse is eligible for a qualified joint and 50% survivor pension with payments commencing at the earliest date permissible and assuming his death occurred the day before commencement.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Optional Forms of Benefits
Automatic--If the participant is married on his benefit commencement date, a joint and 50% survivor annuity option will be payable, actuarially reduced. If the participant is not married on his benefit commencement date, a lifetime only annuity will be payable.

Optional forms available include a joint and 100% survivor annuity and a certain and life pension.

Actuarial equivalent forms of payment are calculated using a 6½% interest rate and the 1975 Group Annuity Mortality Table using unisex rates of 50% male rates and 50% female rates.

Lump Sum Payments
Upon termination of service, if the lump sum value of the accrued benefit is less than $5,000, the lump sum amount is paid as soon as practical after termination.

Any active participant eligible for a normal or late pension as of March 31, 2006 (or as of any later date) will have the option to commence his pension, even while still employed. Such a participant can elect any available form of payment, including the lump sum option (even if greater than $5,000).

Expenses
Paid by the trust if not paid by the employer.

Company Transfers
If an employee transfers employment between employers who have adopted this plan, his coverage will continue unaffected by such transfer except that any pension to which he may later become entitled will be provided jointly by the plan accounts maintained for each of the employers for whom he was employed. The amount of his pension provided by any such plan account will be computed on the basis of the total benefit service under all plan accounts (excluding any overlap) with the amount so computed multiplied by the ratio that his benefit service under such plan account bears to his total benefit service under all such plan accounts.

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

Actuarial Assumptions

Mortality: The IRS 2009 Combined Static Mortality Table has been used.

Interest Rate for Target Funding Liability purposes: Segment rates (5.64% for the first 5 years, 6.40% for the next 15 years, and 6.56% for the rest of the period) have been used.

Compensation Increases: Not applicable since the plan is not pay-related.

Marriage: It was assumed that 100% of all active and terminated employees are married to an eligible spouse. Wives are assumed to be 3 years younger than husbands.

Disability and Withdrawal Rates: Graduated rates (see table below for sample rates).

	Rates per 100 Participants	
Attained Age	Disability Rates	Withdrawal Rates
25	.15	37.98
30	.16	32.08
35	.19	24.40
40	.30	18.00
45	.45	12.56
50	.69	7.92
55	1.19	4.08
60	1.80	.92

Retirement Age: Age 65 with 5 years of participation, or present age, if greater.

Assumed Age of Commencement for Deferred Vested Benefits: Age 65.

Form of Payment: Each participant not yet already in payment status is assumed to elect a lifetime annuity.

Recognition of IRC Section 415 Limitations: The benefit limitations under IRC Section 415(b) have been reflected in the determination of plan costs.

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

Asset Valuation Method

As of January 1, 2009, the actuarial asset valuation method has been changed from market value to the 3-year smoothing asset method. Initially, 50% of the prior year's gain/(loss) was recognized. The gain/(loss) is the difference between the actual and expected return on the market value of assets.

Beginning in 2010, the actuarial value of assets will be determined by subtracting from (or adding to) the current year-end market value the sum of the following:

(i) 66⅔ % of the gain (or loss) during the first year preceding the valuation date,
(ii) 33⅓ % of the gain (or loss) during the second year preceding the valuation date.

The result is constrained to be no more than 110% of market value of assets or less than 90% of market value of assets.

Valuation Procedures

We used employee and financial data submitted by the plan sponsor without further audit. This information would customarily not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

No actuarial accrued liability is included for participants who terminated non-vested prior to the valuation date. Any liabilities for participants transferred to another plan have been included with the liabilities for terminated vested participants.

The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities. Based on our understanding of the plan sponsor's controlled group of corporations, the plan meets minimum coverage requirements under IRC Section 410(b) and the minimum participation rules under IRC Section 401(a)(26) since the plan only covers employees under a collective bargaining agreement.