

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>WEDRON SILICA CO. HOURLY EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1944</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>07/01/1944</u>			
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1c Effective date of plan <u>07/01/1944</u>							
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>WEDRON SILICA COMPANY</u> <u>P.O. BOX 177</u> <u>WEDRON, IL 60557</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) <u>34-1440302</u></td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number <u>815-433-2449</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>212310</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1440302</u>		2c Plan sponsor's telephone number <u>815-433-2449</u>		2d Business code (see instructions) <u>212310</u>	
2b Employer Identification Number (EIN) <u>34-1440302</u>							
2c Plan sponsor's telephone number <u>815-433-2449</u>							
2d Business code (see instructions) <u>212310</u>							
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>WEDRON SILICA COMPANY</u> <div style="text-align: right;"><u>P.O. BOX 177</u> <u>WEDRON, IL 60557</u></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN <u>34-1440302</u></td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number <u>815-433-2449</u></td> <td></td> </tr> </table>	3b Administrator's EIN <u>34-1440302</u>		3c Administrator's telephone number <u>815-433-2449</u>			
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a <u>85</u>						
b Total number of participants at the end of the plan year	5b <u>84</u>						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>3766252</u></td> <td style="text-align: right;"><u>4317341</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td></td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td style="text-align: right;"><u>3766252</u></td> <td style="text-align: right;"><u>4317341</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>3766252</u>	<u>4317341</u>	b Total plan liabilities			c Net plan assets (subtract line 7b from line 7a).....	<u>3766252</u>	<u>4317341</u>																														
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2011	MICHELLE PEZANOSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>WEDRON SILICA CO. HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WEDRON SILICA COMPANY</u>	D Employer Identification Number (EIN) <u>34-1440302</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>2010</u>	
2 Assets:	
a Market value	2a <u>3765061</u>
b Actuarial value	2b <u>4141567</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>30</u> <u>2297304</u>
b For terminated vested participants	3b <u>4</u> <u>100751</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>177692</u>
(2) Vested benefits	3c(2) <u>2171267</u>
(3) Total active	3c(3) <u>51</u> <u>2348959</u>
d Total	3d <u>85</u> <u>4747014</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>6.67</u> %
6 Target normal cost	6 <u>91324</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/02/2011</u>
Signature of actuary	Date
<u>MATTHEW R. KLEIN, F.S.A.</u>	<u>11-06865</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of <u>4.96</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1060
b Interest on (a) using prior year's effective rate of <u>6.21</u> %		66
c Total available at beginning of current plan year to add to prefunding balance		1126
d Portion of (c) to be added to prefunding balance.....		1126
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).....	0	1126

Part III Funding percentages		
14 Funding target attainment percentage.....	14	87.22 %
15 Adjusted funding target attainment percentage.....	15	87.22 %
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	80.01 %
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
04/12/2010	54889				
07/12/2010	41798				
10/07/2010	41798				
01/04/2011	41798				
03/24/2011	155161				
			Totals ►	18(b)	335444
				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	316632

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: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	91324
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	416692	94444
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	185768
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	185768
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	316632
38 Interest-adjusted excess contributions for current year (see instructions).....	38	130864
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 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

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 Wedron Silica Company Hourly Employees' Pension Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wedron Silica Company	D Employer Identification Number (EIN) 34-1440302
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>2010</u>	
2 Assets:	
a Market value.....	2a 3,765,061
b Actuarial value.....	2b 4,141,567
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 30 2,297,304
b For terminated vested participants.....	3b 4 100,751
c For active participants:	
(1) Non-vested benefits.....	3c(1) 177,692
(2) Vested benefits.....	3c(2) 2,171,267
(3) Total active.....	3c(3) 51 2,348,959
d Total.....	3d 85 4,747,014
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 6.67 %
6 Target normal cost.....	6 91,324

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***MARK*

Signature of actuary

Matthew R. Klein, F.S.A.

Type or print name of actuary

Findley Davies, Inc.

Firm name

1300 East Ninth Street, Suite 850

Cleveland

OH 44114-1516

Address of the firm

9-2-2011

Date

11-06865

Most recent enrollment number

(216) 875-1900

Telephone number (including area code)

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) 2010
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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of <u>4.96%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,060
b Interest on (a) using prior year's effective rate of <u>6.21%</u>		66
c Total available at beginning of current plan year to add to prefunding balance		1,126
d Portion of (c) to be added to prefunding balance.....		1,126
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)	0	1,126

Part III Funding percentages

14 Funding target attainment percentage.....	14	87.22 %
15 Adjusted funding target attainment percentage.....	15	87.22 %
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	80.01 %
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
04/12/2010	54,889				
07/12/2010	41,798				
10/07/2010	41,798				
01/04/2011	41,798				
03/24/2011	155,161				
Totals ▶			18(b)	335,444	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	316,632

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: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 62**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** 91,324

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	416,692	94,444
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** 185,768

	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** 185,768**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 316,632**38** Interest-adjusted excess contributions for current year (see instructions) **38** 130,864**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 22 – Description of Weighted Average Retirement Age
Wedron Silica Company Hourly Employees' Pension Plan
January 1, 2010 Valuation
EIN/PN: 34-1440302 / 002

<i>Rates of Retirement</i>	<u>Age(s)</u>	<u>Rate</u>
	55	10%
	56-59	5
	60	10
	61-63	20
	64	35
	65	100

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-Month Segment Rates averaged through the end of August 2009:

a.	First Rate, Years 1-5	5.03%
b.	Second Rate, Years 5-20	6.73%
c.	Third Rate, Years 20+	6.82%
d.	Effective Interest Rate using the above rates	6.67%

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Proposed Regulation 1.430(h)(3) projected by Scale AA, male and female, with combined rates for annuitants and nonannuitants.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	10%
56-59	5
60	10
61-63	20
64	35
65	100

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

100% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

<u>Age(s)</u>	<u>Rate</u>
25	.060%
40	.120
55	1.070

Rates of Turnover

Based on age and length of service as follows:

	<u>Completed Years of Service</u>			
<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3+</u>
25	17.37%	13.03%	8.68%	4.29%
35	12.11	9.08	6.05	2.86
40	9.47	7.11	4.74	2.14
45	6.84	5.13	3.42	1.43
55	1.58	1.18	0.79	0.00

APPENDIX B (Continued)

***Assumptions Made
In Valuing Spouse's
Benefit***

Eighty-five percent of the male and fifty percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

***Optional Form
Election***

All employees are assumed to elect the 10 year certain and continuous annuity.

***Provision for
Expenses***

The expected administrative (i.e. non-investment) expenses, if any, that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

Asset Method

Funding: Market Value of Assets plus interest-adjusted accrued but unpaid contributions as of the valuation date, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Contributions made after the end of the prior plan year will be discounted for interest at the prior year's effective rate.

Employees Valued

Only participants as of the valuation date were valued.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	Wedron Silica Company		
<i>EIN/PN</i>	34-1440302/002		
<i>Effective Date</i>	July 1, 1994; amended and restated effective January 1, 1997, last amended effective March 28, 2005.		
<i>Last Union Agreement</i>	Effective January 1, 2007		
<i>Plan Year</i>	The 12-month period beginning each January 1.		
<i>Participation</i>	An employee covered by the Collective Bargaining Agreement with the Aluminum, Brick, and Glassworkers International Union AFL-CIO, CLC enters the Plan upon completion of one year of service and attainment of age 21.		
<i>Vesting Service</i>	One year of vesting service is earned for each plan year in which 1,000 hours are worked.		
<i>Credited Service</i>	Starting January 1, 1985, one-twelfth of a year of credited service is granted for each 173½ hours and part thereof completed in a Plan Year.		
<i>Accrued Benefit</i>	A monthly life annuity with 120 payments certain starting at age 65 equal to the benefit unit at the date a participant ceases to be covered multiplied by the number of Years of Credited Service.		
	<u>Date</u>	<u>Unit Benefit Hired prior to April 28, 1997</u>	<u>Unit Benefit Hired after April 28, 1997</u>
	4/21/1987-6/08/1991	\$21.00	N/A
	6/09/1991-4/26/1992	22.00	N/A
	4/27/1992-4/26/1993	22.50	N/A
	4/27/1993-4/23/1994	23.00	N/A
	4/24/1994-4/23/1995	24.00	N/A
	4/24/1995-4/23/1996	24.50	N/A
	4/24/1996-12/31/1996	25.00	N/A
	1/01/1997-12/31/1997	25.50	\$17.00

APPENDIX A (Continued)

Accrued Benefit (Continued)

1/01/1998-12/31/1999	26.00	17.00
1/01/2000-12/31/2000	26.50	18.00
1/01/2001-12/31/2001	27.00	18.00
1/01/2002-12/31/2002	29.00	20.00
1/01/2003-12/31/2003	30.00	21.00
1/01/2004-12/31/2004	32.00	23.00
1/01/2005-12/31/2005	33.00	24.00
1/01/2006-12/31/2006	35.00	26.00
1/01/2007-12/31/2007	37.00	28.00
1/01/2008-12/31/2008	39.00	29.00
1/01/2009-12/31/2009	40.00	31.00
1/01/2010-12/31/2010	41.00	33.00
1/01/2011 and after	43.00	34.00

Normal Retirement Benefit

Eligibility:

Age 65 or, if later, fifth anniversary of joining the Plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

- Age 55 and 10 years of Vesting Service.
- Special – Age 62 and 10 years of Vesting Service.
- Rule-of-80 – 30 years of Credited Service and age plus Credited Service equal to 80.

Monthly Benefit:

- The Accrued Benefit at early retirement reduced by 0.5% for each month retirement precedes age 65.
- The Accrued Benefit.
- The Accrued Benefit.

APPENDIX A (Continued)

Disability Retirement Benefit

Eligibility:

- a. Regular – Total permanent disability after completion of at least 4 but less than 10 years of Vesting Service.
- b. Special – Total and permanent disability after completion of at least 10 years of Vesting Service.

Monthly Benefit:

- a. The Accrued Benefit at early retirement reduced by 0.5% for each month retirement precedes age 65.
- b. The Accrued Benefit.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least 5 years of Vesting Service a participant is 100% vested.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the regular early retirement provisions if at least 10 years of Vesting Service had been completed.

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

APPENDIX A (Continued)

***Optional Forms
Available***

The following optional forms are available under this plan: Life Annuity; 5, 10, and 15 Year Certain and Continuous Annuity; 50%, 75% and 100% Joint and Survivor Annuity; Lump Sum (see details below); 5 equal annual installments.

Optional forms are determined using the Group Annuity Mortality Table for 1971 (male) for mortality and 5.50% interest.

***Benefits Available as
Lump Sums***

This plan pays small benefit amounts (lump sums less than \$1,000) automatically. Participants can elect a lump sum if the lump sum value is over \$1,000 and less than \$25,000, but only if they are eligible for immediate benefit commencement.

***Changes in Plan
Provisions***

The automatic changes, if any, in the maximum benefit limit were recognized.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2010 Valuation
 Wedron Silica Company Hourly Employees' Pension Plan
 (EIN: 34-1440302; PN: 002)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	1 (*)	-	-	-	-	-	-	-	-
25 to 29	-	5 (*)	2 (*)	-	-	-	-	-	-	-
30 to 34	-	3 (*)	-	1 (*)	-	-	-	-	-	-
35 to 39	-	3 (*)	1 (*)	-	-	-	-	-	-	-
40 to 44	-	4 (*)	2 (*)	-	1 (*)	1 (*)	-	-	-	-
45 to 49	-	-	1 (*)	-	-	-	-	-	-	-
50 to 54	-	5 (*)	2 (*)	-	1 (*)	1 (*)	2 (*)	2 (*)	-	-
55 to 59	-	-	1 (*)	1 (*)	1 (*)	-	-	3 (*)	3 (*)	-
60 to 64	-	-	-	-	-	1 (*)	-	-	2 (*)	1 (*)
65 to 69	-	-	-	-	-	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, Line 32 – Schedule of Amortization Bases
Wedron Silica Company Hourly Employees' Pension Plan
January 1, 2010 Valuation
EIN/PN: 34-1440302 / 002

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year Beginning			1/01/2010
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	1/01/2010	\$ (164,113)	7.00	\$ (27,619)
	1/01/2009	191,170	6.00	36,306
	1/01/2008	<u>389,635</u>	5.00	<u>85,757</u>
	Total	\$ 416,692		\$ 94,444
<i>Waiver Amortization Bases</i>	1/01/2010	\$ 0		\$ 0