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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AGGREGATE INDUSTRIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1966

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

7529 STANDISH PLACE
SUITE 200
ROCKVILLE, MD 20855

2b Employer Identification Number (EIN)
54-1527022

2c Sponsor's telephone number
301-284-3600

2d Business code (see instructions)
212320

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.	10/14/2010	JEFFREY ECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

7529 STANDISH PLACE
SUITE 200
ROCKVILLE, MD 20855

3b Administrator's EIN
54-1527022

3c Administrator's telephone number
301-284-3600

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**	723
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**	172
b	Retired or separated participants receiving benefits	**6b**	49
c	Other retired or separated participants entitled to future benefits	**6c**	446
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	667
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	18
f	Total. Add lines **6d** and **6e**	**6f**	685
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**	0
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:
1A 1G 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**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
AGGREGATE INDUSTRIES, INC. 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
AGGREGATE INDUSTRIES MANAGEMENT, IN

D Employer Identification Number (EIN)
54-1527022

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		15456768
b	Actuarial value	**2b**		17002445
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	66	2631067
b	For terminated vested participants	**3b**	445	5998320
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		391766
	(2) Vested benefits	**3c(2)**		8082604
	(3) Total active	**3c(3)**	212	8474370
d	Total	**3d**	723	17103757
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.08 %
6	Target normal cost	**6**		295299

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

BRIAN C. DONOHUE
Type or print name of actuary

08-05482
Most recent enrollment number

AON CONSULTING
Firm name

312-381-1000
Telephone number (including area code)

200 EAST RANDOLPH STREET
FLOOR 9
CHICAGO, IL 60601
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)	3744079	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	798909	
9	Amount remaining (Item 7 minus item 8)	2945170	0
10	Interest on item 9 using prior year's actual return of -24.60 %	-724512	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		2104823
	b Interest on (a) using prior year's effective rate of 6.11 %		128605
	c Total available at beginning of current plan year to add to prefunding balance		2233428
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	2220658	0

Part III Funding percentages

14	Funding target attainment percentage	14	86.42 %
15	Adjusted funding target attainment percentage	15	99.40 %
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	93.50 %
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
04/13/2010	73825				
07/15/2010	73825				
		Totals ► 18(b)		147650	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	132367

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? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] 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**	295299

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	295299

		Carryover balance	Prefunding balance	Total balance
35	Balances used to offset funding requirement	295299		295299

36	Additional cash requirement (item 34 minus item 35)	**36**	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	132367
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
AGGREGATE INDUSTRIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREGATE INDUSTRIES MANAGEMENT, IN

D Employer Identification Number (EIN)
54-1527022

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

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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)

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
15 62 64	RETAINED BY EMPLOYER	7232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(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?
15 62 64	RETAINED BY EMPLOYER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

UBS FINANCIAL SERVICES, INC.

3455 PEACHTREE ROAD NE
SUITE 1700
ATLANTA, GA 30326

(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?
27	RETAINED BY EMPLOYER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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
UBS FINANCIAL SERVICES, INC.	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054 56-2412827	10 BASIS POINTS FINDERS FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC.	55	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054 56-2412827	15 BASIS POINTS TRAILING COMMISSION

(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.

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

A Name of plan
AGGREGATE INDUSTRIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AGGREGATE INDUSTRIES MANAGEMENT, IN

D Employer Identification Number (EIN)
54-1527022

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

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)
04-0025081-156	C	0

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)

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

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
AGGREGATE INDUSTRIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREGATE INDUSTRIES MANAGEMENT, IN

D Employer Identification Number (EIN)
54-1527022

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		30909
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2450000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1986	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)	187889	0
(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)	395328	0
(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)	12506579	16366567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15541782	16397476
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15541782	16397476

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)		
	(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)		0
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)	-268	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-268
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	219711	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		219711
	(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)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1591
(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)		2314002
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2535036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1669439	
(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)		1669439
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7232	
(3) Investment advisory and management fees	2i(3)	2671	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9903
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1679342
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		855694
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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WOLF & COMPANY LLP (2) EIN: 36-2985665

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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.

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

A Name of plan
AGGREGATE INDUSTRIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREGATE INDUSTRIES MANAGEMENT, IN

D Employer Identification Number (EIN)
54-1527022

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**

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): 13-3808042 04-3581074

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** 33

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

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

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

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

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

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

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**

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):

---

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):

INDEPENDENT AUDITOR'S REPORT

Pension Plan Committee
Aggregate Industries, Inc. Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of AGGREGATE INDUSTRIES, INC. PENSION PLAN as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying contents page. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by State Street Bank & Trust Company and New York Life Trust Company, the trustees 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 State Street Bank & Trust Company held the Plan's assets and executed investment transactions as of and for the year ended December 31, 2008 and for the period January 1, 2009 to November 30, 2009, and that New York Life Trust Company held the Plan's assets and executed investment transactions as of December 31, 2009 and for the period October 15, 2009 to December 31, 2009. The plan administrator has obtained certifications from the trustees as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information 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.

Oak Brook, Illinois
October 1, 2010

Wolf & Company LLP

2100 Clearwater Drive ▲ Oak Brook, Illinois 60523-1927
630.545.4500 *main* ▲ 630.574.7818 *fax* ▲ www.wolfcpa.com

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: Aggregate Industries, Inc. 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: Aggregate Industries Management, Inc.

D Employer Identification Number (EIN): 54-1527022

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

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

Part I Basic Information

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

2	Assets:			
	a Market value		**2a**	15,456,768
	b Actuarial value		**2b**	17,002,445
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	66	2,631,067
	b For terminated vested participants	**3b**	445	5,998,320
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		391,766
	(2) Vested benefits	**3c(2)**		8,082,604
	(3) Total active	**3c(3)**	212	8,474,370
	d Total	**3d**	723	17,103,757
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.08 %
6	Target normal cost		**6**	295,299

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

Brian C. Donohue — Signature of actuary

10/06/2010 — Date

Brian C. Donohue — Type or print name of actuary

08-05482 — Most recent enrollment number

Aon Consulting — Firm name

(312)381-1000 — Telephone number (including area code)

200 East Randolph Street, Floor 9

Chicago IL 60601 — 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)	3,744,079	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	798,909	0
9	Amount remaining (Item 7 minus item 8)	2,945,170	0
10	Interest on item 9 using prior year's actual return of (24.60)%	(724,512)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		2,104,823
	b Interest on (a) using prior year's effective rate of 6.11 %		128,605
	c Total available at beginning of current plan year to add to prefunding balance		2,233,428
	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)	2,220,658	0

Part III Funding percentages

14	Funding target attainment percentage	14	86.42 %
15	Adjusted funding target attainment percentage	15	99.40 %
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	93.05 %
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
04/13/2010	73,825				
07/15/2010	73,825				
			Totals ► 18(b)	147,650	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	132,367

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? [X] 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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
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**	295,299

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	295,299

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	295,299	0	295,299

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	132,367
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	132,367
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

Aggregate Industries, Inc. Pension Plan
EIN/PN - 54-1527022/ 002

2009 Schedule SB - Line 22
Description of Weighted Average Retirement Age

Age	Number	Ret. Rate	Weighted Avg. Age
55	1.000	0.05	2.75
56	0.950	0.05	2.66
57	0.903	0.05	2.57
58	0.857	0.05	2.49
59	0.815	0.05	2.40
60	0.774	0.1	4.64
61	0.696	0.1	4.25
62	0.627	0.2	7.77
63	0.501	0.15	4.74
64	0.426	0.15	4.09
65	0.362	1	23.55
			61.91

Weighted Average Retirement Age : **61.91**

Aggregate Industries, Inc. Pension Plan
EIN / PN – 54-1527022/ 002
2009 Schedule SB, Line 24 – Change in Actuarial Assumptions

Lump Sum Interest Rate

The 30-year Treasury interest rate assumption used to convert annuities to lump sums for participants who terminate employment on or after age 55 changed from a flat rate of 5.00% for 2008 to the actual 30-year Treasury rate for the current plan year and 5.00% for all future years. This change was made to better reflect anticipated experience under the plan.

Expenses

The expected long-term rate of return on assets for ERISA purposes is net of investment-related expenses and assumed administrative expenses charged to the trust of $10 per participant are included in normal cost. This assumption of including assumed administrative expenses of $10 per participant in the target normal cost changed to reflect amendments to Section 430(b) made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

Aggregate Industries, Inc. Pension Plan
EIN / PN – 54-1527022/ 002
2009 Schedule SB, Line 25 – Change in Method

Change in Asset Method

The actuarial value of assets method changed from market value for 2008 to a three-year smoothed value for 2009.

This method changed to reflect amendments to Section 430(g)(3)(B) made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA)

Change in Interest Rate Method

The yield curve interest rate basis for ERISA changed from the three-segment yield curve with a 4-month lookback period for 2008 to the full yield curve based on October 2008 market data for 2009.

Summary of actuarial assumptions

Economic assumptions	2009	2008
Effective interest rate	8.08%	6.11%
1st segment rate (years 0 to 4)	N/A	5.26%
2nd segment rate (years 5 to 19)	N/A	5.82%
3rd segment rate (years 20 and after)	N/A	6.38%
PBGC 1st segment rate (years 0 to 4)	N/A	4.93%
PBGC 2nd segment rate (years 5 to 19)	N/A	6.13%
PBGC 3rd segment rate (years 20 and after)	N/A	6.69%
ERISA long-term rate of return on assets for prior plan year	8.00%	8.00%

All of the interest rates above are compounded annually.

Lump sum interest rate
The 30-year Treasury interest rate assumption to convert annuities to lump sums is the 30-year Treasury rate of 4.00% for the current plan year and 5.00% for all future years for participants who terminate employment on or after age 55. For participants who terminate employment prior to age 55, the valuation interest rates are used.

Demographic assumptions

Retirement
The retirement decrement assumptions for active participants are summarized in Exhibit A. All deferred vested participants are assumed to retire at age 65.

Withdrawal
The withdrawal decrement assumptions are summarized in Exhibit B.

Mortality
For ERISA, the mortality table, in accordance with Treasury regulations 1.430(h)(3), is the prescribed 2009 static mortality table, with separate rates for annuitants and non-annuitants.

Summary of actuarial assumptions

Demographic assumptions

Timing

Decrements are assumed to apply as of the beginning of the year.

Marital status

80% of employees are assumed to be married; husbands are assumed to be 4 years older than wives.

Other assumptions

Form of payment

The form of payment for 85% of future retirees is assumed to be a lump sum, while the remaining 15% are assumed to take an annuity.

Expenses

Trustee, investment management fees, and certain other administrative expenses are to be paid directly from the trust. The expected long-term rate of return on assets for ERISA purposes is net of investment-related expenses and assumed administrative expenses charged to the trust of $10 per participant are included in normal cost.

Valuation earnings

Actual 2008 pension compensation. Earnings after April 30, 2009 are not taken into account since the plan was frozen on April 30, 2009.

Maximum earnings

The maximum compensation limit under IRC section 401(a)(17) is $245,000 for 2009.

Maximum benefit

The maximum benefit payable under IRC section 415 at normal retirement age is $195,000 for 2009.

Social security wage base

The 2009 taxable wage base of $106,800 is assumed to increase 5.00% per year, compounded annually.

Summary of actuarial assumptions

Changes from prior year

Yield curve interest rates

The effective interest rate for ERISA changed from 6.11% for 2008 to 8.08% for 2009.

Lump sum interest rate

The 30-year Treasury interest rate assumption changed from a flat 5.00% for 2008 to the actual 30-year Treasury rate for the current plan year and 5.00% for all future years.

Mortality

The mortality table for ERISA changed from the prescribed 2008 static mortality table, with separate rates for annuitants and non-annuitants for 2008, to the prescribed 2009 static mortality table, with separate rates for annuitants and non-annuitants for 2009.

Justification for change in funding assumptions

Changes in ERISA funding assumptions were made to better reflect anticipated experience under the plan and to reflect statutorily required changes under the Pension Protection Act of 2006.

Summary of actuarial assumptions

Actuarial methods

Valuation date

The valuation date is January 1.

Calculation of normal costs and liabilities

The method used to calculate the ERISA target normal cost and funding target, PBGC premium funding target and FAS 35 liabilities is the unit credit cost method.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA or FAS 35 assumptions is the ERISA funding target or FAS 35 actuarial present value of accumulated plan benefits. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, including the PBGC premium funding target, benefits at each decrement age are determined in the same manner, but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, the following ancillary benefits have been treated as vested: death benefits.

The ERISA funding target for lump sum benefits is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under proposed Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

Summary of actuarial assumptions

Actuarial methods

Yield curve interest rates

The company has elected to use the full yield curve in effect during the October preceding the valuation date.

Actuarial value of assets

The actuarial value of assets is used to calculate contribution requirements under ERISA. The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

Changes from prior year

Yield curve interest rates

The ERISA yield curve interest rates changed from a 3-segment yield curve interest rate with a 4-month lookback period preceding the valuation date January 1, 2008, to the full yield curve in effect during the October preceding the valuation date of January 1, 2009.

Actuarial value of assets

The actuarial value of assets method changed from market value of assets as of January 1, 2008 to use a smoothed value of assets as of January 1, 2009.

Exhibit A

Annual rates of retirement

Age	Rate
55 to 59	5.00%
60	10.00%
61	10.00%
62	20.00%
63	15.00%
64	15.00%
65	100.00%

Exhibit B

Annual rates of withdrawal

Ultimate rates of withdrawal for all participants

Age	Male	Female
20	.0539	.0991
21	.0536	.0986
22	.0533	.0981
23	.0529	.0975
24	.0526	.0969
25	.0522	.0963
26	.0518	.0956
27	.0514	.0949
28	.0509	.0942
29	.0503	.0934
30	.0498	.0925
31	.0491	.0915
32	.0484	.0904
33	.0476	.0892
34	.0467	.0878
35	.0458	.0863
36	.0447	.0847
37	.0437	.0828
38	.0425	.0809
39	.0413	.0787
40	.0400	.0764
41	.0387	.0739
42	.0373	.0713
43	.0358	.0684
44	.0342	.0654
45	.0324	.0621
46	.0305	.0586
47	.0284	.0547
48	.0259	.0505
49	.0231	.0457
50	.0199	.0405
51	.0164	.0350
52	.0126	.0292
53	.0088	.0234
54	.0049	.0178
55	.0012	.0126

Summary of plan provisions

Effective date

The original effective date of the Plan was February 1, 1966. The plan was last amended and restated effective January 1, 2008 and last amended effective April 30, 2009. The Plan Year is from January 1 to December 31.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Expenses

All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.

Changes from prior year

Effective January 1, 2009, the Plan automatically recognized the higher IRC maximum compensation and benefit limits resulting from inflation adjustments. The annual limit on recognizable compensation increased to $245,000 and the annual dollar limit on benefits increased to $195,000.

Effective April 30, 2009, the Plan was amended to freeze future benefit accruals for active participants.

Employees eligible for participation

Nonunion employees become eligible to participate on the January 1 or July 1 coincident with or following completion of 1,000 hours of service. No new participants can enter the Plan after December 31, 1998.

Definitions

Vesting service

A Participant who terminates employment prior to his Normal Retirement Date shall be 100% vested in their accrued benefit after 5 years of service. A year of vesting service is earned during the plan year in which an employee completes 1,000 hours of service.

Summary of plan provisions

Definitions

Annual compensation

Taxable wages paid by the company for a plan year, including any salary reduction contributions made by the company on the Participant's behalf, but not including bonuses or other special payments. Annual compensation does not include any remuneration paid to a Participant after April 30, 2009. Each plan year's compensation is limited by law. For 2009, pension earnings are limited to $245,000.

Average compensation

Average of a Participant's annual compensation for the five plan consecutive years, of the last ten plan years, which produces the highest average. For purposes of determining the annual compensation for the 2009 plan year to be used in the calculation of average compensation, earnings after April 30, 2009 are not considered.

Accrued benefit

An annual income (payable monthly) for life with 10 years guaranteed equal to the sum of (a) plus (b), as follows:

(a) The greater of (i) and (ii):

(i) 0.65% of average compensation not in excess of covered compensation plus 1.2% of average compensation in excess of covered compensation, the sum multiplied by years of credited service, frozen at April 30, 2009 (maximum 30 years).

(ii) For employees who entered the plan before October 1, 1988: The aggregate of the 30 consecutive units of benefit which produce the largest benefit. For each plan year, a unit of benefit equals 0.5% of annual compensation not in excess of $9,000, plus 1% of annual compensation in excess of $9,000.

For employees who entered the plan after September 30, 1988: $0

(b) For employees who completed an hour of service after September 30, 1990, sixty dollars times years of credited service, frozen at April 30, 2009 (maximum 30 years).

Special minimum benefit provisions apply for employees of Walt Flanagan & Company.

Normal retirement

Eligibility

The first month coinciding with or next following the later of (a) the date on which the Participant attains age sixty-five and (b) the earlier of (i) five years of Vesting Service or (ii) the fifth anniversary of commencement of Participation.

Benefit

The Accrued Benefit payable at Normal Retirement Date.

Summary of plan provisions

Early retirement

Eligibility

Termination of employment after the first day of any month following the Participant's 55th birthday and after completion of five years of Vesting Service.

Benefit

An amount equal to the Participant's Accrued Benefit as of termination of employment. The benefit amount other than the flat dollar portion is reduced by five-ninths of one percent for each of the first 60 months and by five-eighteenths of one percent for each of the next 60 months, by which commencement date precedes Normal Retirement Date. For a lump sum payment form, the accrued benefit is actuarially reduced.

For purposes of calculating the actuarial equivalent lump sum:

- For Participants who are at least age fifty-five at termination or retirement, the Applicable Interest Rate is the annual interest rate on 30-year Treasury securities as specified by the IRS for November of the immediately prior plan year and the Applicable Mortality Table is the "GAR 94" mortality table prescribed in IRS Revenue Ruling 2001-62.
- The lump sum amount calculated for Participants who terminate employment prior to attaining age fifty-five shall be the PPA Minimum Lump Sum as calculated under IRC section 417(e), using the interest rates for November of the immediately prior plan year.

Deferred vested pension

Eligibility

Termination of employment after completing 5 years of Vesting Service.

Benefit

The Accrued Benefit calculated at termination date and payable at Normal Retirement Date. If the benefit is commenced before age 65, but no earlier than age 55, the benefit is reduced by five-ninths of one percent for each of the first 60 months and by five-eighteenths of one percent for each of the next 60 months, by which commencement date precedes Normal Retirement Date. For a lump sum payment form, the accrued benefit is actuarially reduced.

For purposes of calculating the actuarial equivalent lump sum:

- For Participants who are at least age fifty-five at termination or retirement, the Applicable Interest Rate is the annual interest rate on 30-year Treasury securities as specified by the IRS for November of the immediately prior plan year and the Applicable Mortality Table is the "GAR 94" mortality table prescribed in IRS Revenue Ruling 2001-62.
- The lump sum amount calculated for Participants who terminate employment prior to attaining age fifty-five shall be the PPA Minimum Lump Sum as calculated under IRC section 417(e), using the interest rates for November of the immediately prior plan year.

Summary of plan provisions

Late retirement

Eligibility

A Participant may retire at any time after his Normal Retirement Date.

Benefit

The Participant is entitled to a nonforfeitable normal retirement benefit payable at the earlier of (i) the month following the month during which his employment terminates, or (ii) April 1, of the calendar year following the calendar year in which he attains age 70 1/2.

Death benefit

Eligibility

Surviving spouse of a Participant who has either attained Normal Retirement Age or completed five years of Vesting Service and has been married to the Participant for at least one year in the event of the Participant's death before benefit payments commence.

Benefit

The benefit will be equal to 50% of the amount payable had the Participant retired on the day prior to his date of death or after attainment of age fifty-five if later and elected a joint and 50% survivor annuity. The benefit will be payable no earlier than the date the Participant would have become eligible for early retirement, and will be payable for the surviving spouse's lifetime.

Forms of payment

The normal form of benefit is a level monthly pension for life with 120 monthly payments guaranteed. The automatic form of payment for a married Participant is an actuarially reduced benefit payable in the form of a joint and 50% survivor annuity. All other Participants will receive an actuarially increased pension benefit payable in the form of a life annuity.

In lieu of the automatic form of payment, a Participant may elect, with the proper spousal consent, one of the following actuarially equivalent optional forms of payment: life and ten-year certain, joint and 75% survivor annuity, joint and 100% survivor annuity, or a lump sum payment.

Aggregate Industries, Inc. Pension Plan
EIN/PN - 54-1527022/ 002

2009 Schedule SB, Line 26 - Schedule of Active Participant Data

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	
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	Total
Under 25											-
25 to 29											-
30 to 34				2							2
35 to 39				13	1						14
40 to 44				19	6	1					26
45 to 49				36	8	2	2				48
50 to 54			1	26	11		1				39
55 to 59			1	23	5	4	2	4	1		40
60 to 64				22	10	2					34
65 to 69				3		1					4
70 & up	1			3			1				5
	1	-	2	147	41	10	6	4	1	-	212

Aggregate Industries, Inc. Pension Plan
EIN / PN – 54-1527022/ 002
2009 Schedule SB, Line 11a – Prior Year's Excess Contributions

Justification for Change in Prior Year's Excess Contributions

The amount in line 11a exceeds the amount reported in Line 38 on the Schedule SB for the 2008 plan year by the amount of excess contributions that exist solely due to a reduction in the 2008 minimum required contribution by the use of funding standard carryover balance. This calculation of excess contributions is in accordance with the final regulations.

Aggregate Industries, Inc.
Pension Plan

Financial Statements
and
Independent Auditor's Report
For the Year Ended
December 31, 2009

Wolf & Company LLP
Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT

Pension Plan Committee
Aggregate Industries, Inc. Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of AGGREGATE INDUSTRIES, INC. PENSION PLAN as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying contents page. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by State Street Bank & Trust Company and New York Life Trust Company, the trustees 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 State Street Bank & Trust Company held the Plan's assets and executed investment transactions as of and for the year ended December 31, 2008 and for the period January 1, 2009 to November 30, 2009, and that New York Life Trust Company held the Plan's assets and executed investment transactions as of December 31, 2009 and for the period October 15, 2009 to December 31, 2009. The plan administrator has obtained certifications from the trustees as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information 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.

Oak Brook, Illinois
October 1, 2010

Wolf & Company LLP

2100 Clearwater Drive ▲ Oak Brook, Illinois 60523-1927
630.545.4500 *main* ▲ 630.574.7818 *fax* ▲ www.wolfcpa.com

AGGREGATE INDUSTRIES, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Investments at fair value:		
Cash and cash equivalents	$ -	$ 395,328
Registered investment companies	16,366,567	12,506,579
Corporate debt instruments	-	187,889
Total investments	16,366,567	13,089,796
Receivables:		
Employer contribution	-	2,450,000
Interest	-	1,986
Investment sale proceeds	30,909	-
Total receivables	30,909	2,451,986
Net assets available for benefits	$16,397,476	$15,541,782

See accompanying notes to financial statements and independent auditor's report.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31,	
	2009	2008
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 2,191,214	$ (5,094,936)
Interest and dividend income	343,822	839,132
	2,535,036	(4,255,804)
Employer contributions	-	2,450,000
	2,535,036	(1,805,804)
Deductions from net assets attributed to:		
Benefits paid to participants	1,669,439	1,127,789
Administrative expenses	9,903	7,234
	1,679,342	1,135,023
Net increase (decrease)	855,694	(2,940,827)
Net assets available for benefits:		
Beginning of year	15,541,782	18,482,609
End of year	$16,397,476	$15,541,782

See accompanying notes to financial statements and independent auditor's report.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Aggregate Industries, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit plan covering employees of Aggregate Industries Management, Inc., formerly Aggregate Industries, Inc., (the Company) and employees of other affiliated companies who had entered the Plan as a participant prior to January 1, 1999 and were an employee on December 31, 1998, in accordance with the terms of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended by subsequent legislation.

The Plan provides normal retirement benefits at age 65 and reduced benefits for early retirement after reaching age 55. Normal retirement benefits are also available upon completion of at least five years of service or permanent and total disability. Participants can elect to receive benefits under one of the following: (1) life and ten-year certain annuity, (2) joint and 50% survivor annuity, (3) joint and 100% survivor annuity, (4) life annuity, and (5) lump-sum payment.

Eligibility – Each employee who had entered the Plan as a participant prior to January 1, 1999 and was an employee on December 31, 1998 shall continue to participate in the Plan. No other employee shall become a participant in the Plan after December 31, 1998, notwithstanding any other provision of the Plan to the contrary.

Effective April 30, 2009, the Plan was frozen and no new participants will be allowed into the Plan. Also, benefit accruals were frozen on April 30, 2009, and no future benefits will be earned by participants.

Vesting – Participants become fully vested after five years of eligible service.

2. Summary of Significant Accounting Policies

Basis of Presentation – The accompanying financial statements of the Plan present the net assets available for benefits and changes in those net assets on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Corporate debt instruments are valued at the closing prices reported in the active market in which traded. Cash equivalents are valued at cost which represents fair value.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

2. Summary of Significant Accounting Policies (Cont.)

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America involves the use of management's estimates that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. These estimates are based upon management's best judgments, after considering past and current events and assumptions about future events. Actual results could differ from those estimates.

Administrative Expenses – The Company pays certain costs of administering the Plan.

3. Funding Policy

The Company's funding policy is to make an annual contribution to the Plan that is between the minimum required amount and the maximum deductible amount. Contributions of $0 and $2,450,000 were required for the 2009 and 2008 plan years, respectively, to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

4. Plan Termination

Although the Company has not expressed an intent to do so, the Company may discontinue its contributions at any time and may terminate the Plan subject to provisions set forth in ERISA.

If the Plan is terminated, the assets of the Plan shall be used to pay benefits in the following order of preference:

- To provide continuing pension benefits to participants who have retired, or were eligible to retire but chose not to, at least three years preceding the date the Plan was terminated.
- To provide pensions, commencing at age 65, to participants who are eligible to receive guaranteed benefits under ERISA.
- To provide pensions, commencing at age 65, to all remaining participants to the extent such participants are entitled thereto.

If the available funds are insufficient to provide full benefits specified in any of the above priority classifications, the participants covered under the classification will share pro rata in the remaining assets. In the event assets remain representing overfunding due to actuarial errors and unanticipated investment gains after the complete satisfaction of all liabilities of the Plan, distribution of such assets will be made to the Company.

Certain benefits under the Plan may be insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the level of benefits guaranteed by PBGC and the funded status of the Plan.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments including lump-sum distributions that are attributable under the Plan's provisions for 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.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected deaths of the employees or their beneficiaries. Calculations of the present value of accumulated plan benefits were made by consulting actuaries based upon each employee's compensation as of the valuation date. The significant assumptions used in the valuation as of December 31, 2009 were: (a) assumed rate of return on investments of 6.25%, (b) retirement at age 65, and (c) assumed mortality based upon the RP-2000 combined healthy projection AA mortality table.

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

As of December 31, 2009 and 2008, the actuarial present value of the accumulated plan benefits is summarized as follows:

	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 3,147,218	$ 2,958,393
Other participants	16,096,498	16,595,053
	19,243,716	19,553,446
Non-vested benefits	142,326	412,891
Total actuarial present value of accumulated plan benefits	$ 19,386,042	$ 19,966,337

5. Actuarial Present Value of Accumulated Plan Benefits (Cont.)

The changes in the actuarial present value of accumulated plan benefits from the Plan's valuation for the years ending December 31, 2009 and 2008 are summarized as follows:

	2009	2008
Actuarial present value of accumulated plan benefits, beginning of year	$ 19,966,337	$ 19,324,968
Increase (decrease) during the year attributable to:		
Decrease in discount period	1,244,409	1,173,102
Benefits paid	(1,669,439)	(1,127,789)
Assumption changes	(414,249)	(343,808)
Additional benefits earned and experience gains and losses	258,984	939,864
Net decrease	(580,295)	641,369
Actuarial present value of accumulated plan benefits, end of year	$ 19,386,042	$ 19,966,337

6. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 is as follows:

	2009	2008
GE Funds Premier Growth Equity Fund	$ *	$ 1,047,055
GE Funds International Fund	*	1,719,929
GE Funds U.S. Equity Fund	*	2,134,711
GE Funds Fixed Income Fund	*	5,899,550
SSGA Funds S&P 500 Index Fund	*	1,011,096
PIMCO Funds Total Return Fund	3,909,422	*
MainStay Funds MAP Fund	982,249	*
MainStay Funds Large Cap Growth Fund	1,345,958	*
MFS Invesment Management Value Fund	1,321,454	*
Franklin Templeton Investments Global Bond Fund	2,617,120	*

*Asset does not exceed 5%.

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

	2009	2008
Registered investment companies	$ 2,189,860	$ (5,093,582)
Corporate debt instruments	1,354	(1,354)
	$ 2,191,214	$ (5,094,936)

7. Fair Value Measurements

Generally accepted accounting principles provide a uniform framework for the definition, measurement and disclosure of fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The financial accounting standards establish a fair value hierarchy which requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The financial accounting standards describe three levels of inputs that may be used to measure fair value:

Level 1: Quoted market prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted market prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

The fair value of registered investment companies is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Corporate debt instruments are valued at the closing price reported in the active market in which the instrument is traded (Level 2 inputs).

Cash and cash equivalents are carried at cost, which approximates fair value (Level 1 inputs).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

7. Fair Value Measurements (Cont.)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009:				
Registered investment companies	$ 16,366,567	$ 16,366,567	$ -	$ -
December 31, 2008:				
Registered investment companies	$ 12,506,579	$ 12,506,579	$ -	$ -
Corporate debt instruments	187,889	-	187,889	-
Cash and cash equivalents	395,328	395,328	-	-
Total	$ 13,089,796	$ 12,901,907	$ 187,889	$ -

8. Information Certified by Trustee

Investment information included in the Plan's financial statements and supplemental schedules was obtained from data that has been prepared by State Street Bank & Trust Company and New York Life Trust Company, the trustees of the Plan, and furnished to the plan administrator. The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Interest and dividend income, net appreciation (depreciation) in fair value of investments, and the related investment activity as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.
- The information included in the schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2009.

9. Income Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated June 19, 2009, indicating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and thus the related trust is exempt from federal income taxation under IRC Section 501(a). The Plan has been amended since receiving the determination letter; however, management believes the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC.

10. Transactions with Parties-in-Interest

Certain Plan investments during 2009 and 2008 were shares of mutual funds managed by State Street Bank & Trust Company which was the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the years ended December 31, 2009 and 2008 for legal, accounting, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

11. Subsequent Events

Subsequent events have been evaluated through October 1, 2010, the date these financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of Issuer, 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
		Registered investment companies:		
	T Rowe Price	US Treasury Money Market Fund	$ 323,706	$ 323,706
	PIMCO Funds	Total Return Fund	3,951,420	3,909,422
	MainStay Funds	MAP Fund	975,855	982,249
	MainStay Funds	Large Cap Growth Fund	1,295,120	1,345,958
	BlackRock Funds	U.S. Opportunities Portfolio A Fund	323,503	327,513
	Oppenheimer Funds	Developing Markets Fund	488,315	504,202
	BlackRock Funds	International Opportunities Fund	655,454	636,578
	Thornburg Investment Mgmt	International Value Fund	647,372	642,428
	AIM Investments	Real Estate Fund	162,985	177,401
	The American Funds	Europacific Growth Fund	654,064	643,806
	BlackRock Funds	S&P 500 Index Fund	493,060	498,957
	Calamos Investments	Market Neutral Income Fund	649,591	656,209
	JPMorgan Trust	Highbridge Statistical Market Neutral	647,291	635,970
	Prudential Investments	Jennison Natural Resources Fund	657,971	648,270
	MFS Investment Management	Value Fund	1,300,527	1,321,454
	RidgeWorth Funds	Small Value Equity Fund	161,796	166,864
	Franklin Templeton Investments	Global Bond Fund	2,608,182	2,617,120
	Victory Funds	Established Value Fund	329,216	328,460
			$ 16,325,428	$ 16,366,567

See independent auditor's report.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE			
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED		(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH						
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
1,268,079.60		0.00			1,268,079.60	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
950,000.00		0.00			950,000.00	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
6,270,872.44		0.00			6,270,872.44	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
	7,914,817.03	0.00		7,914,817.03	7,914,817.03	0.00
INTEREST BEARING CASH TOTALS						
8,488,952.04	7,914,817.03	0.00		7,914,817.03	16,403,769.07	0.00

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE			
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED		(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY						
36158B380	GE FDS					
	895,366.88	0.00		1,305,160.84	895,366.88	-409,793.96
36158B588	GE FDS					
	1,423,491.14	0.00		1,729,915.49	1,423,491.14	-306,424.35
36158B711	GE FDS					
	2,228,357.44			2,480,114.09	2,228,357.44	-251,756.65
36158B786	GE FDS					
	2,790,564.24	0.00		3,262,170.62	2,790,564.24	-471,606.38
36158B885	GE FDS					
	6,270,872.44	0.00		6,473,624.57	6,270,872.44	-202,752.13
784924888	SSGA FDS					
	1,027,483.30	0.00		1,008,960.38	1,027,483.30	18,522.92
REGISTERED INVESTMENT COMPANY TOTALS						
0.00	14,636,135.44	0.00		16,259,945.99	14,636,135.44	-1,623,810.55

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	RATE (F) EXPENSES INCURRED	MAT DATE (G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH					
8,488,952.04	7,914,817.03	0.00	7,914,817.03	16,403,769.07	0.00
CERTIFICATES OF DEPOSIT					
0.00	0.00	0.00	0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES					
0.00	0.00	0.00	0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED					
0.00	0.00	0.00	0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER					
0.00	0.00	0.00	0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED					
0.00	0.00	0.00	0.00	0.00	0.00
CORPORATE STOCKS - COMMON					
0.00	0.00	0.00	0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS					
0.00	0.00	0.00	0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING					
0.00	0.00	0.00	0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING					
0.00	0.00	0.00	0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.					
0.00	0.00	0.00	0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L					
0.00	0.00	0.00	0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES					
0.00	0.00	0.00	0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER					
0.00	0.00	0.00	0.00	0.00	0.00
OTHER					
0.00	0.00	0.00	0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS					
0.00	0.00	0.00	0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS					
0.00	0.00	0.00	0.00	0.00	0.00
103-12 INVESTMENTS					
0.00	0.00	0.00	0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY					
0.00	14,636,135.44	0.00	16,259,945.99	14,636,135.44	-1,623,810.55
INSURANCE CO. GENERAL ACCOUNT					
0.00	0.00	0.00	0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **					
0.00	0.00	0.00	0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS					
8,488,952.04	22,550,952.47	0.00	24,174,763.02	31,039,904.51	-1,623,810.55

RUN DATE: 12/21/09

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE					
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES	INCOME	(G) COST OF ASSET		#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH								
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030					
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00
INTEREST BEARING CASH TOTALS								
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE					
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES	INCURRED (G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
REGISTERED INVESTMENT COMPANY								
36158B380	GE FDS							
0	0.00	1	895,366.88	0.00	1,305,160.84	1	895,366.88	-409,793.96
36158B588	GE FDS							
0	0.00	1	1,423,491.14	0.00	1,729,915.49	1	1,423,491.14	-306,424.35
36158B711	GE FDS							
0	0.00	1	2,228,357.44	0.00	2,480,114.09	1	2,228,357.44	-251,756.65
36158B786	GE FDS							
0	0.00	1	2,790,564.24	0.00	3,262,170.62	1	2,790,564.24	-471,606.38
36158B885	GE FDS							
9	173,486.78	1	6,270,872.44	0.00	6,473,624.57	10	6,444,359.22	-202,752.13
784924888	[illegible]							
0			1,218,707.11	0.00	1,200,523.32	15	1,218,707.11	18,183.79
REGISTERED INVESTMENT COMPANY TOTALS								
9	173,486.78	20	14,827,359.25	0.00	16,451,508.93	29	15,000,846.03	-1,624,149.68

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE				
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES	INCURRED (G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
INTEREST BEARING CASH							
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00
CERTIFICATES OF DEPOSIT							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED							
0	0.00	0		0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
PARTN./JOINT VENTURE INTERESTS							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
POOLED SEPARATE ACCOUNTS							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY							
9	173,486.78	20	14,827,359.25	0.00	16,451,508.93	29	15,000,846.03	-1,624,149.68
INSURANCE CO. GENERAL ACCOUNT							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **							
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS							
24	9,102,263.02	55	24,151,463.21	0.00	25,775,612.89	79	33,253,726.23	-1,624,149.68
NON-REPORTABLE TRANSACTION TOTALS							
8	189,243.83	1	353.74	0.00	353.74	9	189,597.57	0.00

RUN DATE: 12/21/09

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock Intl Opps Fund A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	21,196.141	661,973.42		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock US Opps Port A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.68	10,474.809	330,986.67		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock S&P 500 Index A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	496,480.06	36,918.712	496,480.06		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - Calamos Market Neutral Inc R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.41	57,897.756	661,973.41		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - American EuroPacific Growth R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	17,438.482	661,973.42		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - Highbridge Stat Mkt Neut Fnd A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.39	41,611.938	661,973.39		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - MFS Value Fund R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	408,782.08	19,979.574	408,782.08		*
Share Purchase	501,669.80	24,676.331	501,669.80		*
Share Purchase	316,167.10	15,737.536	316,167.10		*
7 SERIES - Share Purchase	1,323,946.82	65,240.547	1,323,946.82		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - MainStay Large Cap Growth R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	408,782.08	69,167.865	408,782.08		*
Share Purchase	501,669.80	84,598.617	501,669.80		*
Share Purchase	316,167.10	53,678.625	316,167.10		*
7 SERIES - Share Purchase	1,323,946.83	224,090.661	1,323,946.83		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - MainStay MAP Fund R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	306,586.56	11,144.550	306,586.56		*
Share Purchase	376,252.35	13,726.828	376,252.35		*
7 SERIES - Share Purchase	992,960.11	36,381.814	992,960.11		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Oppenheimer Dev. Markets Fund

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	496,480.07	17,847.169	496,480.07		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - PIMCO Total Return Fund R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	1,226,346.24	112,508.829	1,226,346.24		*
Share Purchase	1,505,009.38	137,695.277	1,505,009.38		*
Share Purchase	948,501.32	86,859.095	948,501.32		*
Share Purchase	262,394.96	24,072.932	262,394.96		*
7 SERIES - Share Purchase	3,971,840.45	363,847.991	3,971,840.45		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Pru Jennison Nat Resources R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	14,471.030	661,973.40		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - T Rowe Price US Treasury MM Fd

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.72	330,986.720	330,986.72		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - Templeton Global Bond Fund A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	817,564.16	64,324.482	817,564.16		*
Share Purchase	1,003,339.59	79,190.181	1,003,339.59		*
Share Purchase	632,334.21	49,947.410	632,334.21		*
7 SERIES - Share Purchase	2,647,893.62	208,884.917	2,647,893.62		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Thornburg Intl Value Fund R3

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.40	26,435.310	661,973.40		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Victory Established Value A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.72	14,266.062	330,986.71		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of Issuer, 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
		Registered investment companies:		
	T Rowe Price	US Treasury Money Market Fund	$ 323,706	$ 323,706
	PIMCO Funds	Total Return Fund	3,951,420	3,909,422
	MainStay Funds	MAP Fund	975,855	982,249
	MainStay Funds	Large Cap Growth Fund	1,295,120	1,345,958
	BlackRock Funds	U.S. Opportunities Portfolio A Fund	323,503	327,513
	Oppenheimer Funds	Developing Markets Fund	488,315	504,202
	BlackRock Funds	International Opportunities Fund	655,454	636,578
	Thornburg Investment Mgmt	International Value Fund	647,372	642,428
	AIM Investments	Real Estate Fund	162,985	177,401
	The American Funds	Europacific Growth Fund	654,064	643,806
	BlackRock Funds	S&P 500 Index Fund	493,060	498,957
	Calamos Investments	Market Neutral Income Fund	649,591	656,209
	JPMorgan Trust	Highbridge Statistical Market Neutral	647,291	635,970
	Prudential Investments	Jennison Natural Resources Fund	657,971	648,270
	MFS Investment Management	Value Fund	1,300,527	1,321,454
	RidgeWorth Funds	Small Value Equity Fund	161,796	166,864
	Franklin Templeton Investments	Global Bond Fund	2,608,182	2,617,120
	Victory Funds	Established Value Fund	329,216	328,460
			$ 16,325,428	$ 16,366,567

See independent auditor's report.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE			
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED		(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH						
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
1,268,079.60		0.00			1,268,079.60	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
950,000.00		0.00			950,000.00	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
6,270,872.44		0.00			6,270,872.44	0.00
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030			
	7,914,817.03	0.00		7,914,817.03	7,914,817.03	0.00
INTEREST BEARING CASH TOTALS						
8,488,952.04	7,914,817.03	0.00		7,914,817.03	16,403,769.07	0.00

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE			
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES	INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY						
36158B380	GE FDS					
	895,366.88	0.00		1,305,160.84	895,366.88	-409,793.96
36158B588	GE FDS					
	1,423,491.14	0.00		1,729,915.49	1,423,491.14	-306,424.35
36158B711	GE FDS					
	2,228,357.44			2,480,114.09	2,228,357.44	-251,756.65
36158B786	GE FDS					
	2,790,564.24	0.00		3,262,170.62	2,790,564.24	-471,606.38
36158B885	GE FDS					
	6,270,872.44	0.00		6,473,624.57	6,270,872.44	-202,752.13
784924888	SSGA FDS					
	1,027,483.30	0.00		1,008,960.38	1,027,483.30	18,522.92
REGISTERED INVESTMENT COMPANY TOTALS						
0.00	14,636,135.44	0.00		16,259,945.99	14,636,135.44	-1,623,810.55

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	RATE (F) EXPENSES	MAT DATE INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH						
8,488,952.04	7,914,817.03	0.00		7,914,817.03	16,403,769.07	0.00
CERTIFICATES OF DEPOSIT						
0.00	0.00	0.00		0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES						
0.00	0.00	0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED						
0.00	0.00	0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER						
0.00	0.00	0.00		0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED						
0.00	0.00	0.00		0.00	0.00	0.00
CORPORATE STOCKS - COMMON						
0.00	0.00	0.00		0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS						
0.00	0.00	0.00		0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING						
0.00	0.00	0.00		0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING						
0.00	0.00	0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.						
0.00	0.00	0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L						
0.00	0.00	0.00		0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES						
0.00	0.00	0.00		0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER						
0.00	0.00	0.00		0.00	0.00	0.00
OTHER						
0.00	0.00	0.00		0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS						
0.00	0.00	0.00		0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS						
0.00	0.00	0.00		0.00	0.00	0.00
103-12 INVESTMENTS						
0.00	0.00	0.00		0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY						
0.00	14,636,135.44	0.00		16,259,945.99	14,636,135.44	-1,623,810.55
INSURANCE CO. GENERAL ACCOUNT						
0.00	0.00	0.00		0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **						
0.00	0.00	0.00		0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS						
8,488,952.04	22,550,952.47	0.00		24,174,763.02	31,039,904.51	-1,623,810.55

RUN DATE: 12/21/09

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE					
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES	IN[illegible] (G) COST OF ASSET		#TOTAL	(H) CURR VALUE		(I) GAIN/LOSS
INTEREST BEARING CASH								
8611249M9	STATE STREET BANK + TRUST CO	1.000	12/31/2030					
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00
INTEREST BEARING CASH TOTALS								
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY #PUR (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET #SALE (D) SELLING PRICE	RATE (F) EXPENSES	MAT DATE INCURRED (G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY						
36158B380	GE FDS					
0 0.00	1 895,366.88	0.00	1,305,160.84	1	895,366.88	-409,793.96
36158B588	GE FDS					
0 0.00	1 1,423,491.14	0.00	1,729,915.49	1	1,423,491.14	-306,424.35
36158B711	GE FDS					
0 0.00	1 2,228,357.44	0.00	2,480,114.09	1	2,228,357.44	-251,756.65
36158B786	GE FDS					
0 0.00	1 2,790,564.24	0.00	3,262,170.62	1	2,790,564.24	-471,606.38
36158B885	GE FDS					
9 173,486.78	1 6,270,872.44	0.00	6,473,624.57	10	6,444,359.22	-202,752.13
784924888	[illegible]					
0	1,218,707.11	0.00	1,200,523.32	15	1,218,707.11	18,183.79
REGISTERED INVESTMENT COMPANY TOTALS						
9 173,486.78	20 14,827,359.25	0.00	16,451,508.93	29	15,000,846.03	-1,624,149.68

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	#SALE	RATE MAT DATE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH								
15	8,928,776.24	35	9,324,103.96	0.00	9,324,103.96	50	18,252,880.20	0.00
CERTIFICATES OF DEPOSIT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED								
0	0.00	0		0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
PARTN./JOINT VENTURE INTERESTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
POOLED SEPARATE ACCOUNTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY								
9	173,486.78	20	14,827,359.25	0.00	16,451,508.93	29	15,000,846.03	-1,624,149.68
INSURANCE CO. GENERAL ACCOUNT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS								
24	9,102,263.02	55	24,151,463.21	0.00	25,775,612.89	79	33,253,726.23	-1,624,149.68
NON-REPORTABLE TRANSACTION TOTALS								
8	189,243.83	1	353.74	0.00	353.74	9	189,597.57	0.00

RUN DATE: 12/21/09

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock Intl Opps Fund A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	21,196.141	661,973.42		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock US Opps Port A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.68	10,474.809	330,986.67		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - BlackRock S&P 500 Index A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	496,480.06	36,918.712	496,480.06		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - Calamos Market Neutral Inc R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.41	57,897.756	661,973.41		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - American EuroPacific Growth R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	17,438.482	661,973.42		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Highbridge Stat Mkt Neut Fnd A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.39	41,611.938	661,973.39		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - MFS Value Fund R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	408,782.08	19,979.574	408,782.08		*
Share Purchase	501,669.80	24,676.331	501,669.80		*
Share Purchase	316,167.10	15,737.536	316,167.10		*
7 SERIES - Share Purchase	1,323,946.82	65,240.547	1,323,946.82		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - MainStay Large Cap Growth R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	408,782.08	69,167.865	408,782.08		*
Share Purchase	501,669.80	84,598.617	501,669.80		*
Share Purchase	316,167.10	53,678.625	316,167.10		*
7 SERIES - Share Purchase	1,323,946.83	224,090.661	1,323,946.83		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - MainStay MAP Fund R2

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	306,586.56	11,144.550	306,586.56		*
Share Purchase	376,252.35	13,726.828	376,252.35		*
7 SERIES - Share Purchase	992,960.11	36,381.814	992,960.11		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - Oppenheimer Dev. Markets Fund

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	496,480.07	17,847.169	496,480.07		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - PIMCO Total Return Fund R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	1,226,346.24	112,508.829	1,226,346.24		*
Share Purchase	1,505,009.38	137,695.277	1,505,009.38		*
Share Purchase	948,501.32	86,859.095	948,501.32		*
Share Purchase	262,394.96	24,072.932	262,394.96		*
7 SERIES - Share Purchase	3,971,840.45	363,847.991	3,971,840.45		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan — For Period October 15, 2009 to December 31, 2009

HOLDING - Pru Jennison Nat Resources R

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.42	14,471.030	661,973.40		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - T Rowe Price US Treasury MM Fd

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.72	330,986.720	330,986.72		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Templeton Global Bond Fund A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
Share Purchase	817,564.16	64,324.482	817,564.16		*
Share Purchase	1,003,339.59	79,190.181	1,003,339.59		*
Share Purchase	632,334.21	49,947.410	632,334.21		*
7 SERIES - Share Purchase	2,647,893.62	208,884.917	2,647,893.62		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan **For Period October 15, 2009 to December 31, 2009**

HOLDING - Thornburg Intl Value Fund R3

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	661,973.40	26,435.310	661,973.40		*

* Transaction is greater than 5% of the market value.

AGGREGATE INDUSTRIES, INC. PENSION PLAN
EIN: 54-1527022 Plan Number: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2009

5% TRANSACTIONS Aggregate Indust. Pension Plan For Period October 15, 2009 to December 31, 2009

HOLDING - Victory Established Value A

Transaction	Transaction Dollar Amt	Shares Transacted	Cost	Realized Gain/Loss	
7 SERIES - Share Purchase	330,986.72	14,266.062	330,986.71		*

* Transaction is greater than 5% of the market value.