

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information			
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HOLCIM US INC. P.O. BOX 122 6211 N. ANN ARBOR ROAD DUNDEE, MI 48131-0122	1b	Three-digit plan number (PN) ▶	001
		1c	Effective date of plan 01/01/1991	
		2b	Employer Identification Number (EIN) 38-2943735	
		2c	Sponsor's telephone number 734-529-2411	
2d	Business code (see instructions) 327300			

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	RUSSELL WILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RUSSELL WILES
	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") HOLCIM US INC. P.O. BOX 122 6211 N. ANN ARBOR ROAD DUNDEE, MI 48131-0122	3b Administrator's EIN 38-2943735 3c Administrator's telephone number 734-529-2411
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	5274
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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	2075
b Retired or separated participants receiving benefits.....	6b	1655
c Other retired or separated participants entitled to future benefits.....	6c	991
d Subtotal. Add lines 6a , 6b , and 6c	6d	4721
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	280
f Total. Add lines 6d and 6e	6f	5001
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	212

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HOLCIM (US) INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. HOLCIM US INC.	D Employer Identification Number (EIN) 38-2943735	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	002618	5001	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	199288
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	12115
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	12115
d	Total of balance and additions (add b and c(6))	7d	211403
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18040
	(2) Administration charge made by carrier	7e(2)	8392
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	11
	▶ PRIOR PERIOD INTEREST RATE CHANGES		
	(5) Total deductions	7e(5)	26443
f	Balance at the end of the current year (subtract e(5) from d)	7f	184960

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>HOLCIM (US) INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOLCIM US INC.</u>	D Employer Identification Number (EIN) <u>38-2943735</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>150687383</u>
b	Actuarial value 2b <u>165756121</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1852</u> <u>76446067</u>
b	For terminated vested participants 3b <u>565</u> <u>11672776</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>2865627</u>
(2)	Vested benefits 3c(2) <u>116896970</u>
(3)	Total active 3c(3) <u>2857</u> <u>119762597</u>
d	Total 3d <u>5274</u> <u>207881440</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.94</u> %
6	Target normal cost 6 <u>12005894</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/08/2010</u>
Signature of actuary	Date
<u>MICHAEL J. GAGLIARDI</u>	<u>08-06815</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>781-237-3900</u>
Firm name	Telephone number (including area code)
<u>80 WILLIAM ST</u> <u>WELLESLEY HILLS, MA 02481</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	35292709	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	13442848	0
9	Amount remaining (Item 7 minus item 8).....	21849861	0
10	Interest on item 9 using prior year's actual return of <u>-28.53</u> %	-6233110	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.93</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	5771710	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	9845041	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	75.00 %
15	Adjusted funding target attainment percentage.....	15	75.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	102.96 %
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
01/13/2010	3178379				
09/15/2010	7027745				
Totals ►			18(b)	10206124	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 9106186
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 61
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	12005894
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	39497474	6944086
b Waiver amortization installment		
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	18949980
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	9845041	0
36 Additional cash requirement (item 34 minus item 35).....	36	9104939
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	9106186
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1247
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

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

<div>A Name of plan</div> <div>HOLCIM (US) INC. PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HOLCIM US INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>38-2943735</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIDELITY MANAGEMENT TRUST COMPANY

04-2723880

(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?
14 28 50 51	NONE	850557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATSON WYATT

53-0181291

(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?
17 50	NONE	435904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

38-2943735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	78337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AXA ROSENBERG

68-0422640

(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?
28 51	NONE	63201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(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?
17 50	NONE	36159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTZEL LONG

38-2384883

(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?
29 50	NONE	27803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE TAX LLP

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES LLC

34-1213174

(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?
14 50	NONE	16038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	JEFF A. BROWN	b EIN:	38-2943735
c Position:	ENROLLED ACTUARY		
d Address:	TOWERS WATSON 345 CALIFORNIA STREET SAN FRANCISCO, CA 94104	e Telephone:	415-733-4100
Explanation: REASSIGNMENT OF RESPONSIBILITIES WITHIN TOWERS WATSON DELAWARE INC.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>HOLCIM (US) INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOLCIM US INC.</u>	D Employer Identification Number (EIN) <u>38-2943735</u>	

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: <u>PYRAMIS DIV. ALPA LRG. CAP POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-047</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31849683</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS INT. DUR. COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11747834</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS REIT COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6537752</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FMTC US EQUITY INDEX POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31818373</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS BROAD MARKET POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11774068</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SELECT INTL EQUITY POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19922413</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS LONG DUR. COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22022934</u>	

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HOLCIM (US) INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM US INC.	D Employer Identification Number (EIN) 38-2943735	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		10206124
(2) Participant contributions	1b(2)	800000	
(3) Other.....	1b(3)	432563	254560
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5634447	3335304
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19292847	20983806
(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)	128619828	135673057
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	199288	184960
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	154978973	170637811

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3971965	284941
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3971965	284941

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	151007008	170352870
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10157241	
(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)		10157241

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11741	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11741

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	265496	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		265496

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30503561	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28797685	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1705876

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	3566473	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		3566473
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28370942
(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)		
c Other income.....	2c		-184259
d Total income. Add all income amounts in column (b) and enter total.....	2d		43893510

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22343650	
(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)		22343650
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)	599554	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	929796	
(4) Other	2i(4)	674648	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2203998
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24547648

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19345862
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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)

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 <u>HOLCIM (US) INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOLCIM US INC.</u>	D Employer Identification Number (EIN) <u>38-2943735</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>52</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 13% Investment-Grade Debt: 83% High-Yield Debt: _____% Real Estate: _____% Other: 4%

- 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): _____

Holcim (US) Inc. Pension Plan

Financial Report
December 31, 2009

Holcim (US) Inc. Pension Plan

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Plante & Moran, PLLC

3434 Granite Circle
P.O. Box 353090
Toledo, OH 43635-3090
Tel: 419.843.6000
Fax: 419.843.6099
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Holcim (US) Inc. Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Holcim (US) Inc. Pension Plan (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds certain plan investment assets and executes certain investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Plante & Moran, PLLC

Toledo, Ohio
September 23, 2010

Holcim (US) Inc. Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Investments (Note 4):		
Money market funds	\$ 3,335,304	\$ 5,634,447
Common collective trust funds	135,673,057	128,619,828
Common stocks	20,983,806	19,292,847
Guaranteed investment contracts	184,960	199,288
Total investments	160,177,127	153,746,410
Employer contributions receivable	10,206,124	800,000
Accrued interest	16,036	24,289
Cash	-	37,020
Securities receivable	238,524	371,254
Total assets	170,637,811	154,978,973
Liabilities - Securities payable	284,941	3,971,965
Net Assets Available for Benefits	\$ 170,352,870	\$ 151,007,008

Holcim (US) Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2009	December 31, 2008
Additions to Net Assets		
Contributions - Employer	\$ 10,157,241	\$ 9,800,000
Investment income (loss):		
Interest and dividends	271,005	350,176
Net investment gain from guaranteed investment contract	12,114	14,305
Net appreciation (depreciation) in fair value of:		
Common collective trust funds	28,370,942	(49,162,703)
Common stocks	5,272,349	(10,719,953)
Net appreciation (depreciation)	33,643,291	(59,882,656)
Total investment income (loss)	33,926,410	(49,518,175)
Other (loss) income	(190,141)	165,856
Total additions - Net	43,893,510	(49,552,319)
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	22,343,650	19,862,524
Administrative expenses	2,203,998	1,498,303
Total deductions	24,547,648	21,360,827
Net Increase (Decrease) Before Other Changes	19,345,862	(70,913,146)
Transfers In (Note I)	-	5,770,927
Net Increase (Decrease)	19,345,862	(65,142,219)
Net Assets Available for Benefits		
Beginning of year	151,007,008	216,149,227
End of year	\$ 170,352,870	\$ 151,007,008

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 1 - Plan Description

The following description of Holcim (US) Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering substantially all U.S. salaried and nonunion hourly employees of Holcim (US) Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2008, the St. Lawrence Cement Co., L.L.C. Retirement Plan and Trust for Salaried Employees merged into the Plan. Assets transferred in to this Plan approximated \$5,770,000.

Vesting - Eligible participants' accrued benefits are fully vested following attainment of either five years of vesting service or age 65 prior to January 1, 2008 and three years or age 65 after January 1, 2008.

Payment of Benefits - Retirement benefits payable on or after the normal retirement date are payable in an amount equal to the basic credits of the participant, as defined in the plan agreement, multiplied by the participant's average annual compensation, plus any supplemental credits multiplied by the participant's average annual compensation in excess of covered compensation, as defined by the Plan. The Plan permits early retirement; however, a reduction is applied to the participant's benefit payment as determined in accordance with the Plan's actuarial equivalence rules.

Participants may either elect a lump-sum distribution, an annuity form of payment, or receive a portion of their benefit in the form of a cash payment and the remaining portion in an annuity form. If the lump-sum benefit of a participant's vested payable as of the participant's termination of employment date does not exceed \$1,000, the participant shall receive a lump-sum distribution.

Participants may elect to receive payment of their retirement benefits under the Plan as of the first day of the month following the date of their termination of employment. If a participant terminates employment before the normal retirement age, an election to defer the retirement benefit payment may also be made. However, if a participant decides to continue working after normal retirement age, the payment of benefits will begin on the first day of the month following the date of the participant's termination of employment.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 1 - Plan Description (Continued)

Contributions - All contributions are made by the Company and are determined on an actuarial basis to provide the Plan with assets sufficient to meet future benefit payments. The Company's present intention is to make annual contributions in amounts sufficient to fund the annual year's service cost plus amortization of prior service costs under the regular minimum funding basis prescribed by ERISA. The Plan has met the ERISA minimum funding requirements.

The Company may, at its discretion, make contributions in excess of the minimum funding requirements.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Fidelity Management Trust Company and Aetna Life Insurance Company, the trustee and custodian of the Plan, respectively; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The investment contract with Aetna Life Insurance Company is presented at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations. Investments in common collective trust funds are stated at fair value, based on the fair value of the underlying assets. The fair value of commingled group real estate trust is based upon the quoted redemption value on the last day of the year. Money market funds are valued based on their outstanding balances, which approximates fair value. The fair value of the common stock is based on quoted market prices. See Note 3 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - All costs and expenses incurred with regard to investment transactions are borne by the Plan. All other administrative expenses may be paid from the assets of the Plan or by the Company. For 2009 and 2008, various administrative costs were paid by the Company.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the services rendered by the employees to the valuation date. These include benefits expected to be paid to the following:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries
- c. Beneficiaries of employees who have died

Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary from Watson Wyatt Worldwide and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2008 and 2007 are summarized as follows:

Actuarial cost method	- Projected unit credit
Assumed rate of return	- 8.0 percent per annum
Mortality basis	- Mortality table prescribed under IRC Section 430(h)(3)(A)
Compensation increase rate	- Age based
Retirement	- Age 65

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 23, 2010, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 3 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Quoted Prices in		
	Active Markets	Significant Other	
	for Identical	Observable	Balance at
	Assets	Inputs	December 31,
	(Level 1)	(Level 2)	2009
Investments:			
Money market funds	\$ -	\$ 3,335,304	\$ 3,335,304
Common collective trust funds:			
Equity investments - U.S. (1)	-	31,818,373	31,818,373
Equity investments - International (1)	-	19,922,413	19,922,413
Equity investments - Other (1)	-	31,849,683	31,849,683
Fixed-income investments (2)	-	45,544,836	45,544,836
Real estate investments (3)	-	6,537,752	6,537,752
Common stock - U.S.	20,983,806	-	20,983,806
Guaranteed investment contracts	-	184,960	184,960
Total	\$ 20,983,806	\$ 139,193,321	\$ 160,177,127

Assets Measured at Fair Value on a Recurring Basis at December 31, 2008

	Quoted Prices in		
	Active Markets	Significant Other	
	for Identical	Observable	Balance at
	Assets	Inputs	December 31,
	(Level 1)	(Level 2)	2008
Investments:			
Money market funds	\$ -	\$ 5,634,447	\$ 5,634,447
Common collective trust funds:			
Equity investments - U.S. (1)	-	59,343,922	59,343,922
Equity investments - International (1)	-	17,914,856	17,914,856
Fixed-income investments (2)	-	45,391,735	45,391,735
Real estate investments (3)	-	5,969,315	5,969,315
Common stock:			
U.S.	18,219,065	-	18,219,065
International	1,073,782	-	1,073,782
Guaranteed investment contracts	-	199,288	199,288
Total	\$ 19,292,847	\$ 134,453,563	\$ 153,746,410

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 3 - Fair Value Measurements (Continued)

1. This class represents investments in actively managed common collective trust funds that invest primarily in equity securities which may include common stocks, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.
2. This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.
3. This class represents investments in an actively managed pooled separate account with investments in real estate. The investments may include real estate property or real estate investment trusts. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including accrued income, accrued liabilities, and payables. The fair value of these assets and liabilities is equal to the carrying amounts in the accompanying financial statements due to the short maturity of such instruments.

Note 4 - Unaudited Investment Information

Fidelity Management Trust Company (the "Trustee") holds certain plan investments and executes certain investment transactions. The related investment balances and related investment results included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee. Investments totaling \$184,960 and \$199,288 at December 31, 2009 and 2008, respectively, and related investment income totaling \$12,114 and \$14,305 for the years ended December 31, 2009 and 2008, respectively, are not certified by Fidelity Management Trust Company.

Significant investments certified by Fidelity Management Trust Company are as follows:

	2009	2008
Investments at fair value:		
Pyramis Inst Large Cap Pool	\$ -	\$ 29,844,952
FMTC US Equity Index Pool	31,818,373	24,498,970
Pyramis Broad Market Pool	11,774,068	22,810,921
Pyramis Interm Dur Pool	11,747,834	22,581,444
Pyramis Select Intl Equity Pool	19,922,413	17,914,856
Pyramis Diversified ALP LG Cap	31,849,683	-
Pyramis Long Duration	22,022,934	-

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 5 - Benefits

The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of the beginning of each plan year, are as follows:

	2008	2007
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 76,493,567	\$ 77,402,004
Participating employees	115,414,568	100,490,691
Participants with deferred benefits	<u>11,650,754</u>	<u>9,603,097</u>
Total vested benefits	203,558,889	187,495,792
Nonvested benefits	<u>3,395,483</u>	<u>4,080,111</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 206,954,372</u></u>	<u><u>\$ 191,575,903</u></u>

The summary of significant changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2008 and 2007 is as follows:

	2008	2007
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 191,575,903	\$ 188,602,107
Increase (decrease) during the year attributable to:		
Benefits accumulated	11,746,050	10,997,209
Actuarial gains	(1,965,150)	(3,358,611)
Decrease in the discount period	15,465,023	15,073,858
Benefits paid	(19,862,524)	(22,331,311)
Plan amendment	8,600,027	-
Change of assumptions	<u>1,395,043</u>	<u>2,592,651</u>
Net increase	<u>15,378,469</u>	<u>2,973,796</u>
Actuarial present value of accumulated plan benefits -		
End of year	<u><u>\$ 206,954,372</u></u>	<u><u>\$ 191,575,903</u></u>

The present value of accrued benefits is calculated on an ongoing plan basis and does not represent the amount required in the event of plan termination.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 5 - Benefits (Continued)

The increase in actuarial present value of accumulated plan benefits related to change in actuarial assumptions for the year ended December 31, 2008 is primarily due to changing the interest rate for determining target liability from the January three-segment rate to the November full yield curve. The increase in actuarial present value of accumulated plan benefits related to change in actuarial assumptions for the year ended December 31, 2007 is primarily due to the mortality table changing from the RP-2000 table for 2006 to the mortality table prescribed under IRC Section 430 (h) (3)(A) for 2007.

There was a plan amendment that merged participants of the St. Lawrence Cement Co., L.L.C. Retirement Plan and Trust for Salaried Employees into the Plan as of December 31, 2008, resulting in the increase in actuarial present value of accumulated plan benefits.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 7 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination, based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least
2. Provide all other benefits guaranteed under Title IV of the Employee Retirement Income Security Act of 1974 (without regard to the limitation of Section 4022(b)(3) or the limitation on benefits payable to "substantial owners" of Section 4022(b)(5))
3. Provide all other vested benefits other than those becoming nonforfeitable solely on account of the termination of the Plan
4. Provide all other benefits under the Plan

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 7 - Plan Termination (Continued)

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Holcim (US) Inc. Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-2943735, Plan No. 001 December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fidelity Management Trust Company	Money market funds:		
	SSBK STIF Fund	\$ 187,523	\$ 187,523
	Fidelity INSTL CSH M CL A	3,147,781	3,147,781
Fidelity Management Trust Company	Common/collective trusts:		
	Pyramis Interm Dur Pool	9,984,712	11,747,834
	Pyramis REIT Pool	5,477,183	6,537,752
	FMTC US Equity Index Pool	31,466,525	31,818,373
	Pyramis Broad Market Pool	9,910,569	11,774,068
	Pyramis Select Intl Equity Pool	17,814,061	19,922,413
	Pyramis Diversified ALP LG Cap	31,571,256	31,849,683
	Pyramis Long Duration	20,592,044	22,022,934
Aetna Life Insurance Company	Guaranteed investment contract - Fixed Income Fund	199,288	184,960
Fidelity Management Trust Company	Common stock - See attachment	18,585,209	20,983,806
	Total investments	<u>\$ 148,936,151</u>	<u>\$ 160,177,127</u>

Holcim (US) Inc. Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-2943735, Plan No. 001 Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
	Pyramis Long Duration - Common collective trust funds	\$ 21,586,921	\$ -	\$ 21,586,921	\$ 21,586,921	\$ -
	Pyramis Interim Dur Pool - Common collective trust funds	-	10,585,548	9,337,201	10,585,548	1,248,347
	Pyramis Broad Market Pool - Common collective trust funds	-	10,613,264	9,410,173	10,613,264	1,203,091
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
	Pyramis Long Duration - Common collective trust funds:					
	Purchases - 4	22,331,668	-	22,331,668	22,331,668	-
	Sales - 8	-	1,846,297	1,739,627	1,846,297	106,670
	Pyramis Select Intl Equity Pool - Common collective trust funds:					
	Purchases - 4	2,594,368	-	2,594,368	2,594,368	-
	Sales - 14	-	5,352,908	5,492,309	5,352,908	(139,401)
	Pyramis Interim Dur Pool - Common collective trust funds:					
	Purchases - 5	2,822,779	-	2,822,779	2,822,779	-
	Sales - 13	-	15,554,159	13,885,989	15,554,159	1,668,170
	Pyramis Broad Market Pool - Common collective trust funds:					
	Purchases - 5	2,319,244	-	2,319,244	2,319,244	-
	Sales - 13	-	16,058,184	14,522,113	16,058,184	1,536,071

Holcim (US) Inc. Pension Plan

Schedule of Reportable Transactions (Continued) Form 5500, Schedule H, Line 4j EIN 38-2943735, Plan No. 001 Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets (Continued):						
	FMTC US Equity Index Pool - Common collective trust funds:					
	Purchases - 4	\$ 1,334,465	\$ -	\$ 1,334,465	\$ 1,334,465	\$ -
	Sales - 14	-	6,528,818	7,375,071	6,528,818	(846,253)
	Fidelity INSTL CSH M CL A - Money market funds:					
	Purchases - 49	11,154,526	-	11,154,526	11,154,526	-
	Sales - 52	-	9,844,547	9,844,547	9,844,547	-
	SSBK STIF Fund - Money market funds:					
	Purchases - 133	8,882,278	-	8,882,278	8,882,278	-
	Sales - 115	-	12,491,400	12,491,400	12,491,400	-

There were no Category (ii) or (iv) reportable transactions during the year.

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	December 31, 2009

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Holcim (US) Inc. Pension Plan
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ERISA Plan #	001
Plan Year Ending	December 31, 2009

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5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	December 31, 2009

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	December 31, 2009

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Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
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5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		X
5500 Sch. SB	Line 25	Change in Method		X
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB				

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ERISA Plan #	001
Plan Year Ending	December 31, 2009

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Plan Year Ending	December 31, 2009

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Plan Year Ending	December 31, 2009

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5500 Sch. SB				

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2009 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____

► **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 Holcim US Inc. Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Holcim US Inc.	D Employer Identification Number (EIN) 38-2943735	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u> 1 </u> Day <u> 1 </u> Year <u> 2009 </u>			
2 Assets:			
a Market value	2a		150,687,383
b Actuarial value	2b		165,756,121
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1,852	76,446,067
b For terminated vested participants	3b	565	11,672,776
c For active participants:			
(1) Non-vested benefits	3c(1)		2,865,627
(2) Vested benefits	3c(2)		116,896,970
(3) Total active	3c(3)	2,857	119,762,597
d Total	3d	5,274	207,881,440
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	7.94 %	
6 Target normal cost	6	12,005,894	

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	Michael J. Gagliardi <i>MPJ</i> Signature of actuary	10-8-2010 Date
	Michael J. Gagliardi Type or print name of actuary	08-06815 Most recent enrollment number
	TOWERS WATSON DELAWARE INC. Firm name	(781) 237-3900 Telephone number (including area code)
	80 WILLIAM ST WELLESLEY HILLS MA 02481 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)	35,292,709	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	13,442,848	0
9	Amount remaining (Item 7 minus item 8)	21,849,861	0
10	Interest on item 9 using prior year's actual return of <u>(28.53)</u> %	(6,233,110)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.93</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	5,771,710	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	9,845,041	0

Part III Funding percentages			
14	Funding target attainment percentage	14	75.00 %
15	Adjusted funding target attainment percentage	15	75.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.96 %
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
01/13/2010	3,178,379				
09/15/2010	7,027,745				
Totals ▶			18(b)	10,206,124	18(c)
					0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,106,186

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b 2
22 Weighted average retirement age			22 61
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		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29		
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30 0		
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions).....	31 12,005,894		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	39,497,474		6,944,086
b Waiver amortization installment			
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 18,949,980		
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	9,845,041	0	9,845,041
36 Additional cash requirement (item 34 minus item 35).....	36		9,104,939
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37		9,106,186
38 Interest-adjusted excess contributions for current year (see instructions).....	38		1,247
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39		0
40 Unpaid minimum required contribution for all years	40		0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Holcim (US) Inc.
EIN/PN	38-2943735/001
Plan Name	Holcim (US) Inc. Pension Plan
Valuation Date	January 1, 2009
Enrolled Actuary	Michael Gagliardi
Enrollment Number	08-06815

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Part V, Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Holcim (US) Inc. Pension Plan
EIN / PN:	38-2943735 / 001
Plan Sponsor:	Holcim (US) Inc.
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24 Change in Actuarial Assumptions

Change in assumptions since last actuarial valuation

- The interest rate used to value lump sum payments for grandfathered participants was changed from 5.00% to 4.00% to better reflect market conditions.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 25 Change in Method

Changes in methods since last actuarial valuation

- The interest rate used to determine Target Liability was changed from the January 3-Segment rate to November Full Yield Curve
- The asset method was changed from market value of assets to the average of fair market values over the prior two year period as provided in Notice 2009-22 ("WRERA average market value")
- The method for determining PBGC premiums changed from the Standard method to the Alternative method
- Per WRERA, a provision of \$550,000 in plan paid expenses was added to the target normal cost.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2009

Years of Credited Service																					
Attained Age	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 & Over		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	42	47,166	74	48,093	6		0		0		0		0		0		0		0		
25 - 29	52	51,356	128	54,158	52	58,641	0		0		0		0		0		0		0		
30 - 34	55	56,973	96	63,065	112	66,456	35	65,884	0		0		0		0		0		0		
35 - 39	65	58,082	103	67,925	104	73,250	64	70,640	31	73,545	0		0		0		0		0		
40 - 44	61	65,799	97	79,778	120	73,227	75	70,199	53	66,511	13		0		0		0		0		
45 - 49	49	66,117	88	77,750	110	80,114	67	70,471	68	67,814	31	86,043	23	64,676	6		0		0		
50 - 54	23	70,732	55	90,586	89	74,984	54	70,954	52	62,958	31	82,529	44	76,895	60	67,858	4		0		
55 - 59	6		33	96,761	43	84,533	24	87,103	45	64,570	22	78,167	41	77,789	85	66,210	43	64,768	1		
60 - 64	2		10		21	78,986	11		21	65,641	7		15		30	64,692	56	63,296	15		
65 - 69	3		1		5		3		4		0		3		3		1		7		
70 & Over	1		2		0		0		0		0		0		0		0		1		

Plan Name: Holcim (US) Inc. Pension Plan
 EIN / PN: 38-2943735 / 001
 Plan Sponsor: Holcim (US) Inc.
 Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2009

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2009	39,497,474	7	39,497,474	6,944,086
Total				39,497,474	6,944,086

Plan Name: Holcim (US) Inc. Pension Plan
 EIN / PN: 38-2943735 / 001
 Plan Sponsor: Holcim (US) Inc.
 Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor	Holcim (US) Inc.
EIN/PN	38-2943735/001
Discount rates	Current plan year PPA effective interest rate: 7.94%
	Prior plan year PPA effective interest rate: 5.93%
	Full Yield Curve
	Applicable month: November
	Transition election: None
Assumed cost of living adjustments	None.

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$550,000

Mortality

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Disabled mortality

Same as healthy mortality; the mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name:	Holcim (US) Inc. Pension Plan
EIN / PN:	382943735 / 001
Plan Sponsor:	Holcim (US) Inc.
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), participants are assumed to retire upon becoming eligible for early or normal retirement in accordance with the following schedule of probabilities.

Age at Retirement	Annual Rate of Retirement Per 1,000 Employees at Age
55	70
56	70
57	70
58	70
59	70
60	150
61	70
62	300
63	250
64	250
65	1,000

Disability rates

I. For Salaried Employees:

Wyatt 1985 Disability Study Class 1 male and female rates.

II. For Hourly Employees:

Wyatt 1985 Disability Study Class 2 male and female rates.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Compensation increases

Future compensation will increase at an age based rate per year, compounded annually.

Representative rates are noted below:

Age	Salaried	Hourly
20	0.100	0.0700
25	0.094	0.0700
30	0.084	0.0640
35	0.074	0.0570
40	0.064	0.0520
45	0.057	0.0470
50	0.049	0.0435
55	0.041	0.0425
60	0.036	0.0410
65	0.032	0.0400

Future increases in Social Security

Social security benefits are assumed to increase in the future due to increases in the national average wage index of 4.00% per year, compounded annually, and due to increases in the cost of living of 3.50% per year, compounded annually.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Calculation of Lump Sum

100% of the participants are assumed to elect the lump sum form of payment under the plan when eligible.

For grandfathered participants, lump sums were valued using the prior IRC § 417(e) assumptions (30-year Treasury). A 4.00% interest rate assumption was used for this purpose.

Form of Payment

Participants are assumed to elect the lump sum form of payment

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Representative termination rates

According to the illustrative schedule shown below:

I. For Hourly Employees

Attained Age	Annual Turnover Rate ¹ Per 1,000 Employees	
	Males	Females
25	52	52
30	42	42
35	35	35
40	30	30
45	25	25
50	22	22
55	-	-
60	-	-
65	-	-

II. For Salaried Employees

Attained Age	Annual Turnover Rate ¹ Per 1,000 Employees	
	Males	Females
25	104	104
30	84	84
35	70	70
40	60	60
45	50	50
50	44	44
55	-	-
60	-	-
65	-	-

Marriage

100% of males and 100% of females are assumed to be married.

Employees

It was assumed that there will be no new or rehired employees.

¹ In addition, turnover rates (per 1,000) of 200, 150 and 100 are assumed to occur during an employee's first three years of service.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Plan compensation

Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay, increased by 20% for hourly employees and 15% for salaried employees (including former HTLP employees.)

Asset method

The actuarial value of assets is equal to WRERA average market value as provided in Notice 2009-22.

Participant data

Employee data, data on persons receiving benefits and data on other participants was supplied by Holcim (US) Inc. and Fidelity as of the census date. All missing data fields were assumed to be the average for the rest of the population.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

We believe that we have reflected all significant plan provisions in this valuation.

PBGC Premium Funding Target

The Alternative Premium Funding Target was determined using the assumptions described above.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Holcim (US) Inc.

Plan

Holcim (US) Inc. Pension Plan

Effective Date and Most Recent Amendment

The plan was first effective January 1, 1991. The plan resulted from the merger and subsequent spin-off of all of the Holcim (US) Inc. plans in existence on the effective date. The plan was further amended effective January 1, 1998 to provide a different benefit formula and merge the salaried and non-union hourly pension plans.

Effective January 1, 2001, the applicable interest rate used in calculating the actuarial equivalence of benefits has changed from the November GATT rate of the previous plan year to August GATT rate of the previous plan year.

Effective January 1, 2002, the benefit and pay limits were increased to reflect the new EGTRRA provisions.

The Holcim (US) Inc. Pension Plan for Bargaining Unit Employees was merged into this plan on December 31, 2002.

The Holcim (US) Inc. Texas Limited Partnership Pension Plan was merged into this plan on December 31, 2004.

The plan was amended in 2006 to change vesting from five year cliff to three year cliff.

The Saint Lawrence Cement Co. LLC Retirement Plan and Trust for Salaried Employees was merged into this plan as of December 31, 2008.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Eligibility

All salaried, non-collectively bargained, and non-owner employees and hourly employees are eligible to participate in the plan on their date of hire.

Salaried employees of Saint Lawrence Cement Company, LLC. are eligible for the plan as of January 1, 2009.

Employees of Aggregate Industries and union employees of SLC are not eligible for the plan.

Normal Retirement Date

First day of the month coincident with or next following the attainment of age 65 and three years of vesting service.

Service

All periods of employment with the employer measured on an elapsed time basis from the employee's date of hire to date of termination of employment. Prior SLC plan participants earn Pension Credits from January 1, 2009. Prior plan benefits for these employees were frozen as of December 31, 2008.

Average Annual Compensation

The monthly average of total compensation (including overtime, sales, incentives, and bonuses) paid during the 60 consecutive calendar months of service, within the last 10 calendar years, which produces the highest average.

Normal Retirement Benefit

A life only annuity commencing on a participant's normal retirement date which is the actuarial equivalent of a lump sum amount determined and payable on the first day of the month coincident with or next following the participant's termination of employment. The lump sum amount is equal to (1) plus (2) where:

- (1) The participant's Basic Credits multiplied by his Average Annual Compensation plus
- (2) The participant's Supplemental Credits multiplied by his Average Annual Compensation in excess of Social Security Covered Compensation.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Pension Credits

An employee's basic and supplemental pension credits are equal to the sum of the credits accumulated by the employee while employed at Holcim (US) Inc. The credit earned by the employee is age-based and is in accordance with the following schedule:

Age	Basic Credits	Supplemental Credits
Less than 30	3%	0%
30 – 34	4%	0%
35 – 39	5%	1%
40 – 44	7%	1%
45 – 49	9%	2%
50 – 54	11%	2%
55 – 59	13%	3%
Age 60 and over	15%	4%

Offset for Certain Employees

There is an offset for participants who have already accrued a retirement benefit for a portion of their service with Holcim (US) Inc. or a predecessor company and which are payable outside of Holcim (US) Inc.'s pension plans. These offsets apply to ensure there is no duplicate counting of benefits under the plan.

Minimum Retirement Benefit

For participants who had participated in the plan prior to January 1, 1998, the monthly pension payable at the participant's normal retirement date shall be no less than the benefit accrued to December 31, 1997 under the terms of the plans as in effect on December 31, 1997.

For participants who at December 31, 1997 were at least age 50 with five or more years of service or whose sum of years of age and years of service is at least 65, the accrued benefit under the plan shall be no less than the benefit determined as if the old plan is still in effect as of the date of termination.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Death Benefits

After Retirement: None, except as may be provided through the election of an optional form of payment.

Before Retirement: If an employee dies in service, a survivor benefit is payable to the spouse or designated beneficiary if the employee was vested at the date of death. If the beneficiary is the employee's spouse, the survivor benefit will be a single life annuity equal to the actuarial equivalent of the employee's lump sum benefit at date of death. The spouse may elect to receive the survivor benefit in the form of a single cash payment. If the beneficiary is not the employee's spouse, payment of the employee's lump sum benefit will be paid to the beneficiary in the form of a single cash payment.

Disability Retirement Benefit

A disability retirement benefit is determined in the same manner as the normal retirement benefit but based upon the employee's rate of compensation at disability.

Deferred Termination of Service Benefit

If an employee terminates his service other than by death or retirement and has completed three years of vesting service, he will be entitled to his normal retirement benefit, based upon his average annual compensation and credited service computed as of the date of termination.

The retirement benefit will be payable the first day of the month following the date of termination or any month thereafter. If the employee elects to receive an annuity prior to age 65, an actuarial reduction is applied for early retirement. However, in no event will the employee receive an amount smaller than the minimum retirement benefits, reduced by the prior plan's applicable early retirement factors.

Employee Contributions

None.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS (cont.)

Form of Benefit

The normal form of benefit is a monthly pension payable for the lifetime of the employee. Optional forms of benefit on an actuarially equivalent basis are also available. (Unless he elects to the contrary, a married employee will be presumed to have elected the joint and one-half contingent option.)

An employee may elect to receive payment of the lump sum benefit in a single cash payment if termination of employment is on or after January 1, 2000. A single cash payment of an employee's benefit is available prior to January 1, 2000 if the employee would have attained or has attained age 65 during the year of termination of employment, or if the lump sum benefit is \$7,500 or less. If the lump sum benefit is \$5,000 or less, payment must be in the form of a single cash payment.

Changes in Plan Provisions since Last Actuarial Valuation

The Saint Lawrence Cement Co. LLC Retirement Plan and Trust for Salaried Employees was merged into this plan as of December 31, 2008.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 382943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2009