

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ALCAN TUBES DIVISION HOURLY NON-UNION COMBINED PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>07/28/1999</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ALCAN CORPORATION</u> <u>8770 WEST BRYN MAWR AVENUE</u> <u>CHICAGO, IL 60631-3542</u>	2b Employer Identification Number (EIN) <u>36-4290330</u> 2c Sponsor's telephone number <u>773-399-8000</u> 2d Business code (see instructions) <u>326100</u>

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	PAUL G. WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	PAUL G. WARNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ALCAN CORPORATION BENEFITS COMMITTEE 8770 WEST BRYN MAWR AVENUE CHICAGO, IL 60631-3542	3b Administrator's EIN 36-4325746 3c Administrator's telephone number 773-399-8000
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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	754
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	330
b Retired or separated participants receiving benefits.....	6b	175
c Other retired or separated participants entitled to future benefits.....	6c	237
d Subtotal. Add lines 6a , 6b , and 6c	6d	742
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	7
f Total. Add lines 6d and 6e	6f	749
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	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 1I 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) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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>ALCAN TUBES DIVISION HOURLY NON-UNION COMBINED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALCAN CORPORATION</u>	D Employer Identification Number (EIN) <u>36-4290330</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>7125888</u>
b Actuarial value	2b <u>7838476</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>166</u> <u>2563913</u>
b For terminated vested participants	3b <u>213</u> <u>1281727</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>352441</u>
(2) Vested benefits	3c(2) <u>3676700</u>
(3) Total active	3c(3) <u>375</u> <u>4029141</u>
d Total	3d <u>754</u> <u>7874781</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>8.17</u> %
6 Target normal cost	6 <u>165367</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>10/05/2010</u>
Signature of actuary	Date
<u>YVONNE GATCHEFF ORNT</u>	<u>08-03910</u>
Type or print name of actuary	Most recent enrollment number
<u>AON HEWITT</u>	<u>847-295-5000</u>
Firm name	Telephone number (including area code)
<u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</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)	2014263	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	2014263	0
10	Interest on item 9 using prior year's actual return of <u>-28.27</u> %	-569432	
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 _____ %		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.....		
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1444831	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.19 %
15	Adjusted funding target attainment percentage.....	15	99.53 %
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	108.52 %
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
09/15/2010	220000	0			
Totals ►			18(b)	220000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	192513
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	(4) 4th
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	165367
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	165367
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	165367
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	192513
38 Interest-adjusted excess contributions for current year (see instructions).....	38	27146
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

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
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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
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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 ALCAN TUBES DIVISION HOURLY NON-UNION COMBINED PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALCAN CORPORATION		
		D Employer Identification Number (EIN) 36-4290330

Part I	Asset and Liability Statement
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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)	0	220000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	7125888	8218316
(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)		
(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	7125888	8438316

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7125888	8438316
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	220000	
(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)		220000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1368578
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1588578

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	276150	
(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)		276150
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		276150

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1312428
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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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		25000000
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)

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>ALCAN TUBES DIVISION HOURLY NON-UNION COMBINED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALCAN CORPORATION</u>	D Employer Identification Number (EIN) <u>36-4290330</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>36-7283959</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>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Alcan Beauty Tubes America
Hourly Non-Union Combined
Pension Plan**

**Financial Statements
December 31, 2009 and 2008**

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Index
December 31, 2009 and 2008

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Report of Independent Auditors

To the Participants and Administrator of
Alcan Beauty Tubes America Hourly Non-Union Combined Pension Plan

We were engaged to audit the financial statements of Alcan Beauty Tubes America Hourly Non-Union Combined Pension Plan (the "Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that State Street Bank and Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, 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.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

Chicago, Illinois
October 12, 2010

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Plan interest in AlcanCorp Master Retirement Trust (Notes 2, 5, and 8)	\$ 8,218,316	\$ 7,125,888
Contributions receivable	<u>220,000</u>	<u>-</u>
Net assets available for benefits	<u>\$ 8,438,316</u>	<u>\$ 7,125,888</u>

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

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Employer contributions	\$ 220,000	\$ -
Deductions		
Benefits paid	276,150	264,373
Administrative expenses	169,671	190,394
Total deductions	<u>445,821</u>	<u>454,767</u>
Plan interest in AlcanCorp Master Retirement Trust		
investment income (loss) (Notes 2, 5, and 8)	<u>1,538,249</u>	<u>(2,856,790)</u>
Net increase (decrease)	<u>1,312,428</u>	<u>(3,311,557)</u>
Net Assets available for benefits		
Beginning of year	<u>7,125,888</u>	<u>10,437,445</u>
End of year	<u>\$ 8,438,316</u>	<u>\$ 7,125,888</u>

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

**Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Statement of Accumulated Plan Benefits
January 1, 2009**

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits

\$ 3,172,723

Active and terminated employees

7,124,993

Total vested benefits

10,297,716

Nonvested benefits

481,721

Total actuarial present value of accumulated plan benefits

\$ 10,779,437

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

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2009

Actuarial present value of accumulated plan benefits at beginning of year	\$ 9,387,201
Increase (decrease) during year attributable to	
2008 Benefit payments	(264,373)
Interest charge on beginning of year accrued benefits	620,230
Assumption change	1,072,418
Benefits accumulated, net of actuarial experience gains/losses	<u>(36,039)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,779,437</u>

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

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Description of the Plan

General

The Alcan Beauty Tubes America Hourly Non-Union Combined Pension Plan ("the Plan") became effective July 28, 1999. The Plan is administered by Alcan Corporation ("the Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants should refer to the plan document for a more complete description of the Plan's provisions.

This noncontributory, defined benefit plan covers employees of the Washington, New Jersey; and Shelbyville, Tennessee plants of the Tubes Division of the Company who are paid on an hourly basis and who are not covered by a collective bargaining agreement.

Pension Benefits

For benefits greater than \$5,000, the form of payment depends on the participant's marital status and election at the time of retirement. If the present value of the total benefit is equal to or less than \$5,000, it will be automatically distributed as a rollover to a qualified individual retirement account unless otherwise elected by the participant to be distributed as a one-time lump-sum payment or distributed to an eligible retirement plan. If the benefit is equal to or less than \$1,000, it will be distributed as a one-time lump-sum payment, and no other benefits will be paid to the participant or beneficiaries. The normal form of payment is a straight life annuity for single participants and a 50% joint and survivor annuity for married participants. The Plan also has 50% and 100% joint and survivor as optional forms of payment.

An employee becomes eligible to receive monthly pension benefits upon attainment of any of the following:

1. Age 65 (65 with 5 years of service for Lincoln Park and Washington) for normal retirement, if termination of service has not occurred.
2. Age 55 with 10 or 15 years of service (Washington and Shelbyville, respectively), for early retirement (certain parts of the Plan allow for unreduced early retirement at age 62 with 30 years of service).
3. After 10 years of service (for Washington and Shelbyville only) and permanent and total disability, disability retirement.
4. After 5 years of service, deferred vested benefits.

Benefits are determined by the number of years of service at the time of retirement multiplied by a stipulated rate, as defined. Early retirement includes two options: an immediate benefit based on years of service to early retirement date, reduced by 1/4% for each month of retirement prior to attaining normal retirement age; or a deferred benefit to commence at age 65, based on years of service at the early retirement date, not reduced because retirement precedes the normal retirement date. Benefits vest after 5 years of service.

**Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008**

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan maintains its accounts on the accrual basis of accounting. Accordingly, income is recognized when earned and expenses are recognized when incurred. Distributions to participants, however, are recorded when paid.

Use of Estimates

The presentation 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, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from the estimates.

Valuation of Investment in AlcanCorp Master Retirement Trust

The Plan participates in the AlcanCorp Master Retirement Trust ("Master Trust"). The Master Trust is a multiple plan trust, ownership of which is divided among the plans based on allocated units of participation. Each participation unit has a value equal to the total fair value of the Master Trust's net assets divided by the total participation units outstanding. State Street Bank and Trust Company (the "Trustee") is the trustee of the Master Trust.

The Plan's investment in the Master Trust is stated at fair value. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and allocated investment income (loss), less actual distributions and actual and allocated administrative expenses. Investment income (loss) and administrative expenses which are not plan specific, are allocated to the Plan based on the Plan's pro rata share of each of the underlying assets of the Master Trust on a monthly basis.

Income Recognition

The Plan presents in the statements of changes in net assets available for benefits its interest in the net investment income or loss of the Master Trust, which consists of the realized gains or losses, unrealized appreciation or depreciation, interest, and dividends of the Master Trust's investments.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date

Funding Policy

The Company contributes to the Plan at such times and in such amounts as considered necessary so that contributions are sufficient to provide benefits as actuarially calculated under the terms of the Plan. The Plan has currently met all minimum funding requirements of ERISA. The principal or income of the trust cannot be used for any purpose other than for the exclusive benefit of the Plan participants or their beneficiaries.

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

Contributions to the Plan are designed to fund at least the minimum required by ERISA. The Company's funding method is designed to fund current service costs annually and to fund prior service costs over a period of 5, 10, or 30 years (amortization of changes in liability due to plan amendments over 30 years; amortization of increases/decreases in liability due to actuarial assumption changes over 10 years; and amortization of each year's actuarial gains and losses over 5 years).

Under this method, the minimum contribution required to be made to the Plan for 2009 and 2008 was \$165,367 and zero, respectively. Additionally, in 2009 and 2008, the Company contributed, in cash and through the use of credit balances in the Funding Standard Account, \$54,633 and zero, respectively, in excess of the minimum.

Actuarial Information

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees with vested rights or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. In calculating the accumulated benefits, only service prior to the valuation date is considered. The accumulated benefit values do not anticipate any future service.

The actuarial present value of accumulated plan benefits was calculated by consulting actuaries and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial valuation method in use is the unit credit cost method. The more significant assumptions underlying the actuarial computations (in the determination of the actuarial present value of accumulated plan benefit obligations) are as follows:

- | | | |
|--------------------------------|---|--|
| 1. Present value discount rate | - | 5.90% per annum (6.70% per annum for 2008). |
| 2. Mortality table used | - | UP94 with generational mortality projected by scale AA. |
| 3. Retirement rate | - | Increasing rates between ages 55 and 65, and depending on the plant. |
| 4. Employee turnover | - | Decreasing rates between ages 15 and 55. |

The foregoing assumptions were based on the assumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Recent Accounting Pronouncements

In 2009, the FASB issued the "FASB Accounting Standards Codification (ASC or Codification) and the Hierarchy of Generally Accepted Accounting Principles (GAAP)". The Codification has become the source of authoritative U.S. GAAP recognized by the FASB and the Plan's notes to the financial statements no longer make reference to the Statement of Financial Accounting Standards (SFAS)

**Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008**

or other U.S. GAAP pronouncements. The adoption of the Codification had no impact on the Plan's net assets.

In May 2009, FASB issued authoritative guidance on subsequent events. This guidance is intended to establish general standards of accounting for and disclosure of events that occur after the statement of net assets available for benefits date but before financial statements are issued or are available to be issued. The guidance requires disclosure of the date through which the Plan has evaluated subsequent events and whether that date represents the date the financial statements were issued or were available to be issued. This statement is effective for the Plan in 2009. Refer to Note 10, "Subsequent Events," for disclosure of the Plan's subsequent events for the current reporting period.

In September 2009, the FASB issued authoritative guidance requiring additional disclosures regarding the inputs and valuation techniques used to measure fair value. This guidance also requires that the plan disclose debt and equity securities by major category on a more disaggregated basis than had previously been required. The adoption of this guidance has had no material impact on the Plan's financial statements. See Note 9 for further discussion of fair value measurements.

In January, 2010, issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820), Improving Disclosures about Fair Value Measurements*. This update requires a gross presentation of the activities of Level 3 assets beginning in 2011, and adds a new requirement to disclose significant transfers in and out of Level 1 and 2 measurements in 2010. The principal impact of this standard is expected to be an expansion of fair value measurement disclosures in the Plan financial statements.

3. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 6, 2003, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. Priorities Upon Termination of the Plan

Although the Plan is intended to be permanent, the Company reserves the right to terminate this Plan at any time by delivering to the Trustee written notice of such termination. Upon termination, after reserving an amount sufficient to pay all expenses and charges, the proceeds of the assets in the Plan will be allocated among the following groups in the order of preference described below:

1. Persons currently receiving retirement benefits.
2. Persons who would have been receiving benefits if such persons had retired as of the beginning of a three year period ending on the date of Plan termination.
3. Persons who have a vested interest in their accrued benefits.
4. Persons who have become entitled to Plan benefits by reason of Plan termination.

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

If the remaining assets of the Plan are insufficient to satisfy the benefits of all persons within a group, the assets shall be allocated pro rata among all persons within the group on the basis of the present value of benefits as of the date of termination. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates.

5. Investment in the Master Trust and Trustee Certification

The Plan participates in the Master Trust as permitted by the Plan agreement. The Plan has an undivided interest of 0.85% and 0.83% in the net assets of the Master Trust, at December 31, 2009 and 2008, respectively.

As of December 31, 2009 and 2008, and for the years then ended, the Plan's interest in the Master Trust included in the statements of net assets available for benefits, the related interest in the investment income (loss) of the Master Trust included in the statements of changes in net assets available for benefits, and the investments and investment activity in the financial statements of the Master Trust, as presented in Notes 6 and 8, have been certified as complete and accurate by State Street Bank and Trust Company as trustee.

6. Party-in-Interest Transactions

The Master Trust invests in the following investments managed by the Trustee and certain investment managers which qualify as party-in-interest transactions:

Party-in-Interest	2009	2008
State Street Bank & Trust Co. Short Term Investment Fund	\$ 27,085,161	\$ 20,584,731
State Street Global Advisors Money Market Fund	449,881	631,265
Alliance Bernstein Equity Fund	110,545,300	87,624,744
Capital Guardian Equity Fund	147,942,352	104,688,579
Russell 1000 Growth Fund	95,465,178	92,104,414
AXA Private Equity Fund II	3,803,348	4,065,390
State Street Corporation common stock	2,660,294	2,451,242
AXA Capital America LP	1,732,112	1,526,257
AXA Capital Europe	3,211,295	2,366,767

These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

7. Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, registered investment companies and other 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 and the level of uncertainty related to changes in the value of 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.

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies and/or defaults, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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

8. Master Trust

The investments of the Master Trust at December 31, 2009 and 2008 are as follows:

	2009	2008
Cash and cash equivalents	\$ 27,535,043	\$ 21,215,996
U.S. and foreign government securities	124,340,573	161,374,481
Corporate debt	176,593,679	134,844,977
Preferred stocks	3,931,801	3,542,816
Common stocks	204,928,815	172,030,487
Partnerships/joint ventures	38,561,381	36,020,199
Loans secured by mortgages	11,035,595	20,831,096
Common collective trusts	353,952,830	284,417,738
Registered investment companies	13,172,151	6,360,075
Other	-	10,877,460
Total investments	\$ 954,051,868	\$ 851,515,325

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

The investment income (loss) of the Master Trust for the years ended December 31, 2009 and 2008 is as follows:

	2009	2008
Net appreciation (depreciation)		
U.S. and foreign government securities	\$ (5,948,221)	\$ 12,672,998
Corporate debt	25,458,034	(28,700,473)
Preferred stocks	1,936,621	(6,506,491)
Common stocks	43,532,896	(109,594,047)
Joint ventures	(22,026,934)	(7,820,345)
Loans secured by mortgages	1,376,881	(10,643,929)
Common collective trusts	109,335,092	(211,899,343)
Registered investment companies	6,497,731	(15,809,654)
Other	(4,524,253)	5,696,228
Total net appreciation (depreciation)	<u>155,637,847</u>	<u>(372,605,056)</u>
Interest	17,868,510	21,912,682
Dividends	3,137,092	3,661,083
Currency gain/loss and other	3,891,599	1,222,233
Total investment income (loss)	<u>\$ 180,535,048</u>	<u>\$ (345,809,058)</u>

9. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

All Master Trust investments are stated at fair value. Interest bearing cash is valued based on cost, including the effects of foreign currency, which approximates fair value. U.S. and foreign government securities and corporate and other obligations are valued based on pricing matrices or

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
December 31, 2009 and 2008

models from pricing vendors used by the Trustee. Common and preferred stocks are valued based on the last sales price on the primary exchange.

Common collective trust funds are valued based upon the net asset value of units held at year end as provided by the fund administrator. Generally, under ordinary market conditions, all common collective trust positions provide daily market liquidity to the Master Trust. Certain Master Trust directed withdrawals may be subject to market value adjustments calculated in accordance with the provisions of the investment contracts.

Registered investment companies are valued based on the last sales price on the primary exchange.

Partnerships/joint ventures are valued based on the estimated fair value of the participation owned by the Master Trust as determined by the general partner or investment manager of the respective partnership. Partnerships/joint ventures includes six Private Equity Fund of Funds Limited Partnerships that invest in private equity both domestically and internationally. These investments can never be redeemed during the life of the funds. Instead, distributions are received through the liquidation of the underlying assets of the funds. It is estimated that the underlying assets will be liquidated over the next 1 to 9 years. Unfunded commitments of approx. \$59.4 million remain for these six funds. Partnerships/Joint Ventures also includes three investments in domestic and international Real Estate Fund Limited Partnerships. The fair value of these investments is estimated using the Net Asset Value (NAV) of the Trust's ownership interest in partners' capital. The valuation inputs of these investments are derived from third party appraisals. These investments can never be redeemed during the life of the funds. Distributions from each fund are received as income is generated through the investments and as the underlying assets of the funds are liquidated over the next 1 to 9 years. Unfunded commitments of approx. \$44.2 million remain for these three funds.

Alcan Beauty Tubes America
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Notes to Financial Statements
December 31, 2009 and 2008

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

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 27,535,043	\$ -	\$ 27,535,043
Fixed Income Investments				
US government securities	-	114,577,606	-	114,577,606
Foreign government securities	-	9,762,967	-	9,762,967
Corporate bonds	-	176,593,679	-	176,593,679
Common stocks				
U.S. large cap	133,203,730	-	-	133,203,730
U.S. mid cap	63,527,933	-	-	63,527,933
U.S. small cap	8,197,152	-	-	8,197,152
Preferred stocks	-	3,931,801	-	3,931,801
Partnerships/joint ventures	-	-	38,561,381	38,561,381
Loans secured by mortgages	-	11,035,595	-	11,035,595
Common collective trusts				
Domestic equity	-	95,465,178	-	95,465,178
International equity	-	258,487,652	-	258,487,652
Registered investment companies	13,172,151	-	-	13,172,151
Total investment assets at fair value	<u>\$ 218,100,966</u>	<u>\$ 697,389,521</u>	<u>\$ 38,561,381</u>	<u>\$ 954,051,868</u>

Investment Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 21,215,996	\$ -	\$ 21,215,996
U.S. and foreign government securities	-	161,374,481	-	161,374,481
Corporate debt	-	134,844,977	-	134,844,977
Preferred stocks	-	3,542,816	-	3,542,816
Common stocks	172,030,487	-	-	172,030,487
Joint ventures	-	-	36,020,199	36,020,199
Loans secured by mortgages	-	20,831,096	-	20,831,096
Common collective trusts	-	284,417,738	-	284,417,738
Registered investment companies	6,360,075	-	-	6,360,075
Other	-	10,877,460	-	10,877,460
Total investment assets at fair value	<u>\$ 178,390,562</u>	<u>\$ 637,104,564</u>	<u>\$ 36,020,199</u>	<u>\$ 851,515,325</u>

Alcan Beauty Tubes America
Hourly Non-Union Combined Pension Plan
Notes to Financial Statements
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Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Trust's level 3 assets for the years ended December 31, 2009 and 2008.

	Year Ended December 31, 2009	Year Ended December 31, 2008
	Partnerships/ Joint Ventures	Partnerships/ Joint Ventures
Balance, beginning of year	\$ 36,020,199	\$ 26,744,804
Realized losses	(444,724)	(2,455,075)
Unrealized losses relating to instruments still held at the reporting date	(19,621,315)	(5,365,270)
Purchases, sales, issuances and settlements (net)	22,607,221	17,095,740
Balance, end of year	<u>\$ 38,561,381</u>	<u>\$ 36,020,199</u>

Gains and losses (realized and unrealized) included in changes in net assets for the preceding periods are reported in Plan interest in AlcanCorp Master Retirement Trust investment income in the statement of changes in net assets available for benefits.

10. Subsequent Event

On July 1, 2010, Rio Tinto completed the sale of the Beauty business to Twist Beauty Packaging US, Inc. Benefits will accrue thru the closing dates for affected employees. The impact of these transactions on the plan can not be determined at this time.

The Plan has evaluated subsequent events through October 12, 2010, the date the financial statements were available to be issued.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

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

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

Alcan Tubes Hourly Non-Union Pension Plan

B Three-digit
plan number (PN) ▶

004

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

Alcan Corporation

D Employer Identification Number (EIN)

36-4290330

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 1 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....		7,125,888
b Actuarial value.....	2b	7,838,476

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 166	2,563,913
b For terminated vested participants.....	3b 213	1,281,727
c For active participants:		
(1) Non-vested benefits.....	3c(1)	352,441
(2) Vested benefits.....	3c(2)	3,676,700
(3) Total active.....	3c(3) 375	4,029,141
d Total.....	3d 754	7,874,781

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 8.17 %**6** Target normal cost..... **6** 165,367**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***YVONNE GATCHEFF ORNT YGO*

Signature of actuary

10/05/2010

Date

Yvonne Gatcheff Ornt

08-03910

Type or print name of actuary

Most recent enrollment number

Aon Hewitt

(847) 295-5000

100 Half Day Road

Firm name

Telephone number (including area code)

Lincolnshire

IL 60069

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)	2,014,263	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	2,014,263	0
10 Interest on item 9 using prior year's actual return of (28.27)%	(569,432)	
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 _____%		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.....		
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,444,831	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	81.19 %
15 Adjusted funding target attainment percentage.....	15	99.53 %
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	108.52 %
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
09/15/2010	220,000	0			
Totals ►			18(b)	220,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 192,513

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 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	165,367
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	165,367
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	165,367
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	192,513
38 Interest-adjusted excess contributions for current year (see instructions)	38	27,146
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

VALIDATION ERROR LISTING

File Name: p:\a0148\irs\2010\ped6o050.rf9

Plan Name: Alcan Tubes Hourly Non-Union Pension Plan (PN 004)

EIN: 36-4290330

<u>Form</u>	<u>Rpt Pg#</u>	<u>Rec#</u>	<u>Fld#</u>	<u>On/Near Line#</u>	<u>Message</u>
2009 5500 Sch. SB			43	6	Warning - (DOL I-158SB) A copy of the signed Schedule SB must be attached in PDF format when a Schedule SB is provided.
2009 5500 Sch. SB			164	21b	Error - This item should not be entered when the segment rates are not entered in item 21a.
2009 5500 Sch. SB			165	22	Warning - (DOL B-691SB) The Weighted Average Retirement Age needs to be attached when line 22 has a value.
2009 5500 Sch. SB			171	25	Warning - (DOL I-128SB) The 'Method Change' attachment needs to be attached when Line 25 is marked Yes.
2009 5500 Sch. SB			173	26	Error - (DOL I-120SB) The Schedule of Active Participant Data must be attached when Line 26 is marked Yes.

< 5 > validation errors/warnings were reported!

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
September 15, 2010	\$220,000	8.17%	\$192,513
Total Contribution	\$220,000		\$192,513

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Grandfathered Actives

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	20.00%	0.7738	9.36
61.5	20.00%	0.6190	7.61
62.5	20.00%	0.4952	6.19
63.5	20.00%	0.3962	5.03
64.5	20.00%	0.3169	4.09
65	100.00%	0.2536	16.48
Weighted Average			61.74

Non-Grandfathered Actives

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
60.5	40.00%	1.0000	24.20
61.5	20.00%	0.6000	7.38
62.5	30.00%	0.4800	9.00
63.5	20.00%	0.3360	4.27
64.5	20.00%	0.2688	3.47
65	100.00%	0.2150	13.98
Weighted Average			62.30

	Average Age	Active Count	% of Active Participants
Grandfathered Actives	61.74	310	83.6%
Non-Grandfathered Actives	62.30	61	16.4%
Weighted Average Retirement Age =	61.83		

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

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

Interest Rates	Based on the Full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Salary Increases	N/A.
Optional Payment Form Election Percentage	Single Participants—Straight life annuity. Married Participants—50% J&S annuity.
Optional Payment Form Conversion Interest Rate	6.00%.
Optional Payment Form Conversion Mortality	Mortality table specified in Revenue Ruling 2001-62.
Retirement Age Active Participants	Shelbyville and Washington, NJ: See Tables 1-2. Lincoln Park: Age 65.
Terminated Vested Participants	Shelbyville: Age 61 for current terminated vesteds and for actives who terminate with 15 or more years of service. Age 65 for actives who terminate with at least 5 but less than 15 years of service. Lincoln Park: Age 65. Washington, NJ: Age 61 for current terminated vesteds and for actives who terminate with 10 or more years of service. Age 65 for actives who terminate with at least 5 but less than 10 years of service.
Mortality Rates Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Surviving Spouse Benefit	It is assumed that 90% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	\$165,367, based on the prior year's estimated plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year.
Expected Return on Assets	
2007 Plan Year	6.09%.
2008 Plan Year	6.43%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Table 1
Retirement Rates - Grandfathered Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Table 2

Retirement Rates - Non-Grandfathered Active Participants (with Account-Based Retiree Medical Plan)

Age	Rate
60	40.00%
61	20.00%
62	30.00%
63	20.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Table 3—Page 1 of 2
Termination Rates

Age	Years of Service			
	0	1	2	3+
15	35.50%	35.50%	35.50%	35.50%
16	35.50%	35.50%	35.50%	35.50%
17	35.50%	35.50%	35.50%	35.50%
18	35.50%	35.50%	35.50%	35.50%
19	35.50%	35.50%	35.50%	35.50%
20	35.50%	35.50%	35.50%	35.50%
21	35.50%	35.50%	35.50%	35.50%
22	33.50%	33.50%	33.50%	33.50%
23	33.30%	31.70%	31.70%	31.70%
24	33.30%	29.90%	29.90%	29.90%
25	33.30%	29.60%	28.10%	28.10%
26	33.30%	29.60%	26.40%	26.40%
27	33.30%	29.60%	26.20%	24.80%
28	33.30%	29.60%	26.20%	23.20%
29	33.30%	29.60%	26.20%	21.70%
30	33.30%	29.60%	26.20%	20.30%
31	33.30%	29.60%	26.20%	18.90%
32	33.30%	29.60%	26.20%	17.50%
33	33.30%	29.60%	26.20%	16.30%
34	33.30%	29.60%	26.20%	15.10%
35	33.30%	29.60%	26.20%	13.90%
36	33.30%	29.60%	26.20%	12.80%
37	33.30%	29.60%	26.20%	11.80%
38	33.30%	29.60%	26.20%	10.80%
39	33.30%	29.60%	26.20%	9.90%
40	33.30%	29.60%	26.20%	9.00%
41	33.30%	29.60%	26.20%	8.20%
42	33.30%	29.60%	26.20%	7.50%
43	33.30%	29.60%	26.20%	6.80%
44	33.30%	29.60%	26.20%	6.20%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Table 3—Page 2 of 2
Termination Rates

Age	Years of Service			
	0	1	2	3+
45	33.30%	29.60%	26.20%	5.60%
46	33.30%	29.60%	26.20%	5.10%
47	33.30%	29.60%	26.20%	4.70%
48	33.30%	29.60%	26.20%	4.30%
49	33.30%	29.60%	26.20%	4.00%
50	33.30%	29.60%	26.20%	3.70%
51	33.30%	29.60%	26.20%	3.50%
52	33.30%	29.60%	26.20%	3.40%
53	33.30%	29.60%	26.20%	3.30%
54	33.30%	29.60%	26.20%	3.30%
55+	33.30%	29.60%	26.20%	3.30%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Table 4
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.042%	0.042%	45	0.224%	0.336%
16	0.042%	0.042%	46	0.252%	0.378%
17	0.042%	0.042%	47	0.294%	0.420%
18	0.042%	0.042%	48	0.350%	0.462%
19	0.042%	0.042%	49	0.392%	0.504%
20	0.042%	0.042%	50	0.462%	0.560%
21	0.042%	0.042%	51	0.546%	0.616%
22	0.042%	0.042%	52	0.644%	0.686%
23	0.042%	0.042%	53	0.742%	0.756%
24	0.042%	0.042%	54	0.854%	0.826%
25	0.042%	0.042%	55	0.966%	0.896%
26	0.042%	0.042%	56	1.078%	0.966%
27	0.042%	0.042%	57	1.204%	1.036%
28	0.042%	0.056%	58	1.330%	1.120%
29	0.042%	0.056%	59	1.470%	1.190%
30	0.042%	0.056%	60	1.610%	1.260%
31	0.042%	0.070%	61	1.764%	1.344%
32	0.042%	0.070%	62	1.932%	1.414%
33	0.042%	0.084%	63	2.114%	1.470%
34	0.042%	0.084%	64	2.296%	1.526%
35	0.056%	0.098%	65+	0.000%	0.000%
36	0.056%	0.112%			
37	0.070%	0.126%			
38	0.084%	0.140%			
39	0.098%	0.168%			
40	0.112%	0.182%			
41	0.126%	0.210%			
42	0.140%	0.238%			
43	0.168%	0.266%			
44	0.196%	0.308%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
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Schedule SB, line 25—Change in Funding Method

The January 1, 2009 funding valuation reflects the following method changes:

- A change in the asset valuation method from a Market Value method to the 3-point annual smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from the full yield curve with no lookback (December 2007 Full Yield Curve for the January 1, 2008 valuation) to the full yield curve with a two month lookback (October 2008 Full Yield Curve for the January 1, 2009 valuation).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Alcan Tubes Hourly Non-Union Pension Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
 Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1	3							
30-34		4	6							
35-39		3	7	5	5					
40-44		3	7	5	17	10				
45-49		5	6	10	18	38	10			
50-54		4	12	8	13	23	17	7	1	
55-59		4	2	4	7	12	17	9	26	
60-64		1	1		8	5	1	3	15	5
65-69						1	1			
70+					1					

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Schedule SB Attachment (Form 5500)—2009 Plan Year

Alcan Tubes Hourly Non-Union Pension Plan

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Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Effective July 28, 1999, American National Can was split into separate companies. Pechiney created an IPO for the Beverage division of ANC, retaining just under 50% ownership. Pechiney retained 100% ownership of the Plastics division of ANC and renamed the company Pechiney Plastic Packaging, Inc. The following information pertains to Pechiney Plastic Packaging, Inc.

As of July 28, 1999, Pechiney Plastic Packaging, Inc. created PPPI Plan #004—Tubes Hourly Non-Union Plan.

PPPI Plan 004 was created as a mirror-offset plan to grant future accruals to participants moving from American National Can Group to PPPI. For participants who transferred employment from American National Can Group to PPPI, their total benefit will be based on the final benefit level at PPPI and total service with both PPPI and ANCG. PPPI's portion of the benefit will be equal to the total benefit payable minus the portion payable by ANCG. See the Plan Provisions section for further details.

During 2003, the Tubes Hourly Non-Union plan (Plan 004) had reductions in workforce that were determined to be a curtailment. The curtailment was reflected in FAS 88 calculations as of January 1, 2004.

Pechiney Plastics Packaging, Inc. was acquired by Alcan, Inc. in 2003. Purchase accounting was applied as of December 31, 2003. The methodology used to calculate FAS 87 expense was changed for 2004, to be consistent with that used by Alcan, Inc.

During 2004, the Tubes Hourly Non-Union plan (Plan 004) had reductions in workforce that were determined to be a curtailment. However, the FAS 88 curtailment accounting calculation as of January 1, 2005 resulted in a one-time expense item of \$0 (i.e., no impact on 2005 expense).

During 2005, Alcan, Inc. became the sponsor of the plan, which was renamed the Alcan Tubes Division Hourly Non-Union Combined Pension Plan (Plan # 004).

During 2006, there were significant headcount reductions for certain locations in PPPI Plan 004. FAS 88 curtailment accounting calculations were performed as of June 30, 2006.

Effective December 31, 2006, benefit service was frozen for all PPPI Plan 004 active participants. Participants continue to accrue service for eligibility and vesting purposes.

During 2007, Rio Tinto acquired Alcan, Inc. and the resulting company Rio Tinto Alcan became the sponsor of the plan.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Tubes Hourly Non-Union Benefit	Shelbyville Unorganized Eligibility	Contract Period: N/A Provision						
Normal Retirement	Age 65.	\$22.50. Benefit service is frozen as of 12/31/2006. Participants continue to accrue service for eligibility and vesting purposes.						
The following table lists all benefit level changes in the past five years:								
<table><tr><th>Effective Date</th><th>Benefit Level</th></tr><tr><td>1/1/2002</td><td>\$22.50</td></tr><tr><td>1/1/2001</td><td>\$22.00</td></tr></table>			Effective Date	Benefit Level	1/1/2002	\$22.50	1/1/2001	\$22.00
Effective Date	Benefit Level							
1/1/2002	\$22.50							
1/1/2001	\$22.00							
Early Retirement Full	Age 62 and 30 years of service.	Accrued benefit.						
Reduced	Age 55 and 15 years of service.	Accrued benefit, reduced ¼% per month before age 65 (before age 62 if more than 30 years of service).						
Disability	Ten years of service.	Accrued benefit.						
Vesting	Five years of service.	Accrued benefit payable at normal retirement date. Participants with at least 15 years of service at termination can commence before age 65. The accrued benefit is reduced ½% per month from age 65.						
Plant Closing/Layoff	None.	N/A.						
Preretirement Spouse’s Annuity	Five years of service.	Automatic Preretirement 50% Joint and Survivor Coverage; benefits are deferred to earliest retirement age.						
ANCG Offset	Participants transferring from ANCG to PPPI	Benefits payable from PPPI Plan #004 for Shelbyville Unorganized will be equal to the total benefit payable to a participant minus the portion of the benefit that will be paid by former ANC Plan #051.						
The ANCG portion of the benefit will be based on service with ANCG and the ultimate negotiated benefit level as of the date of the transfer (\$19.25).								
Service with both ANCG and PPPI combined will be								

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Normal Form
of Annuity

used to determine eligibility for benefits.

Actuarially reduced 50% J&S annuity if married,
otherwise straight life.

Optional Forms of
Payment

Joint and Survivor: 50%, 75%, and 100%.

These optional forms are based on the mortality
table specified in Revenue Ruling 2001-62 and
6.00% interest.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

**Tubes Hourly
Non-Union
Benefit**
Normal Retirement

**Lincoln Park
Eligibility**
Age 65 with five
years of service.

**Contract Period: N/A
Provision**

\$17.50. Benefit service is frozen as of 12/31/2006.
Participants continue to accrue service for eligibility
and vesting purposes.

The following table lists all benefit level changes in the
past five years:

Effective Date	Benefit Level
1/1/2001	\$17.50

Early Retirement
Full

None.

N/A.

Reduced

None.

N/A.

Disability

None.

N/A.

Vesting

Five years of
service.

Accrued benefit payable at normal retirement date.

Plant
Closing/Layoff

None.

N/A.

Preretirement
Spouse's Annuity

Five years of
service.

Automatic Preretirement 50% Joint and Survivor
coverage; benefits are deferred to normal retirement
age.

ANCG Offset

Participants
transferring from ANC
to PPPI

Benefits payable from PPPI Plan #004 for Lincoln Park
will be equal to the total benefit payable to a participant
minus the portion of the benefit that will be paid by
former ANC Plan #110.

The ANCG portion of the benefit will be based on
service with ANCG and the ultimate negotiated benefit
level as of the date of the transfer (\$16.50).

Service with both ANCG and PPPI combined will be
used to determine eligibility for benefits.

Normal Form
of Annuity

Actuarially reduced 50% J&S annuity if married,
otherwise straight life.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Joint and Survivor: 50%, 75%, and 100%.

Optional Forms of
Payment

These optional forms are based on the mortality table specified in Revenue Ruling 2001-62 and 6.00% interest.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Tubes Hourly Non-Union Benefit	Washington, NJ Unorganized Eligibility	Contract Period: N/A Provision				
Normal Retirement	Age 65 with five years of service.	\$22.00. Benefit service is frozen as of 12/31/2006. Participants continue to accrue service for eligibility and vesting purposes.				
The following table lists all benefit level changes in the past five years:						
<table><tr><th>Effective Date</th><th>Benefit Level</th></tr><tr><td>1/1/2001</td><td>\$22.00</td></tr></table>			Effective Date	Benefit Level	1/1/2001	\$22.00
Effective Date	Benefit Level					
1/1/2001	\$22.00					
Early Retirement Full	Age 62 with 30 years of service.	Accrued benefit.				
Reduced	Age 55 with ten years of service.	Accrued benefit, reduced ¼% per month before age 65 (before age 62 if more than 30 years of service).				
Disability	Ten years of service.	Accrued benefit.				
Vesting	Five years of service.	Accrued benefit payable at normal retirement date. Participants with at least 10 years of service at termination can commence before age 65. The accrued benefit is reduced ½% per month from age 65.				
Plant Closing/Layoff	None.	N/A.				
Preretirement Spouse’s Annuity	Five years of service.	Automatic Preretirement 50% Joint and Survivor Coverage; benefits are deferred to earliest retirement age.				
ANCG Offset	Participants transferring from ANC to PPPI	Benefits payable from PPPI Plan #004 for Washington, NJ Unorganized will be equal to the total benefit payable to a participant minus the portion of the benefit that will be paid by former ANC Plan #111. The ANCG portion of the benefit will be based on service with ANCG and the ultimate negotiated benefit level as of the date of the transfer (\$21.40). Service with both ANCG and PPPI combined will be used to determine eligibility for benefits.				

Schedule SB Attachment (Form 5500)—2009 Plan Year
Alcan Tubes Hourly Non-Union Pension Plan
EIN: 36-4290330 PN: 004

Normal Form
of Annuity

Actuarially reduced 50% J&S annuity if married,
otherwise straight life.

Optional Forms of
Payment

Joint and Survivor: 50%, 75%, and 100%.

These optional forms are based on the mortality table
specified in Revenue Ruling 2001-62 and 6.00%
interest.

Changes in Plan Provisions Since the Prior Year

- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bond rates for October. As such, "2" was entered on line 21b as the applicable lookback month.