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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>ALCAN PENSION PLAN FOR SALARIED EMPLOYEES</u>                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/28/1999</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>07/28/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                              | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/28/1999</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>PECHINEY PLASTIC PACKAGING INC.</u><br><br><u>8770 WEST BRYN MAWR AVENUE</u><br><u>CHICAGO, IL 60631-3542</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-4290330</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>773-399-8000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-4290330</u> | <b>2c</b> Sponsor's telephone number<br><u>773-399-8000</u> | <b>2d</b> Business code (see instructions)<br><u>326100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-4290330</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>773-399-8000</u>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/18/2011 | PAUL WARNER                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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 (2010)  
v.092307.1

|                                                                                                                                                                                             |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ALCAN CORPORATION BENEFITS COMMITTEE<br><br>8770 WEST BRYN MAWR AVENUE<br>CHICAGO, IL 60631-3542 | <b>3b</b> Administrator's EIN<br>36-4325746<br><br><b>3c</b> Administrator's telephone number<br>773-399-8000 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                            |                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br>ALCAN CORPORATION | <b>4b</b> EIN<br>36-4290330<br><br><b>4c</b> PN<br>001 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1721 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 64   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 374  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 1282 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1720 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 18   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1738 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 5    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1G 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALCAN PENSION PLAN FOR SALARIED EMPLOYEES</u>                                                                 | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>PECHINEY PLASTIC PACKAGING INC.</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>36-4290330</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>61536375</u>                                                                                                                                                           |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>63808863</u>                                                                                                                                                        |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>283</u> <u>15119731</u>                                                                                                |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>373</u> <u>7810069</u>                                                                                                                           |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>1206209</u>                                                                                                                                                  |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>43548893</u>                                                                                                                                                     |
| (3)           | Total active ..... <b>3c(3)</b> <u>1068</u> <u>44755102</u>                                                                                                                                            |
| <b>d</b>      | Total ..... <b>3d</b> <u>1724</u> <u>67684902</u>                                                                                                                                                      |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.70</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>1822220</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.

|                                                           |                                        |
|-----------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                          | <u>10/11/2011</u>                      |
| Signature of actuary                                      | Date                                   |
| <u>YVONNE GATCHEFF ORNT</u>                               | <u>11-03910</u>                        |
| Type or print name of actuary                             | Most recent enrollment number          |
| <u>HEWITT ASSOCIATES LLC</u>                              | <u>847-295-5000</u>                    |
| Firm name                                                 | Telephone number (including area code) |
| <u>100 HALF DAY ROAD</u><br><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) 2010**  
**v.092308.1**

| <b>Part II</b>                                                                                           | <b>Beginning of year carryover and prefunding balances</b> |                        |         |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|---------|
|                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |         |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 8886063                                                    |                        | 0       |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 5671963                                                    |                        | 0       |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 3214100                                                    |                        | 0       |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>22.10</u> % .....                    | 710316                                                     |                        |         |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                                                            |                        |         |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                                                            |                        | 4404382 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.13</u> % .....                        |                                                            |                        | 973368  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                                                            |                        | 5377750 |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                                                            |                        | 0       |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 1708814                                                    |                        | 0       |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....              | 2215602                                                    |                        | 0       |

| <b>Part III</b>                                                                                                                                                           | <b>Funding percentages</b> |        |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|---|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b>                  | 91.00  | % |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b>                  | 91.00  | % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b>                  | 109.71 | % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b>                  |        | % |

| <b>Part IV</b>                                                                           | <b>Contributions and liquidity shortfalls</b> |                                 |                          |                                   |                                 |   |
|------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                               |                                 |                          |                                   |                                 |   |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s)             | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
| 12/03/2010                                                                               | 4100000                                       |                                 |                          |                                   |                                 |   |
| 08/29/2011                                                                               | 690000                                        |                                 |                          |                                   |                                 |   |
|                                                                                          |                                               |                                 |                          |                                   |                                 |   |
|                                                                                          |                                               |                                 |                          |                                   |                                 |   |
|                                                                                          |                                               |                                 |                          |                                   |                                 |   |
|                                                                                          |                                               |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>                                                                          |                                               |                                 | <b>18(b)</b>             | 4790000                           | <b>18(c)</b>                    | 0 |

|                                                                                                                                      |                                                                     |         |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | <b>19a</b>                                                          | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | <b>19c</b>                                                          | 4482076 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>c</b> 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 |
| 0                                                                                                                                    | 0                                                                   | 0       |
|                                                                                                                                      |                                                                     | (4) 4th |
|                                                                                                                                      |                                                                     | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 1822220            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3384245             | 569542             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 2391762            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 2154793             | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 236969             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 4482076            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 4245107            |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>        |  |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| A Name of plan<br>ALCAN PENSION PLAN FOR SALARIED EMPLOYEES                                                                                                                                  |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 001                                                                   |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>PECHINEY PLASTIC PACKAGING INC.                                                                                             |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>36-4290330                                                   |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RIO TINTO AMERICA MASTER RET TRUST                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): RIO TINTO AMERICA MASTER RET PLAN                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 31-1464406-001                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122447107 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA,                                                                    |  |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>ALCAN PENSION PLAN FOR SALARIED EMPLOYEES</b>                                | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PECHINEY PLASTIC PACKAGING INC.</b>  | <b>D</b> Employer Identification Number (EIN)<br><br><b>36-4290330</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 5330000               | 690000          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 56491791              | 122447107       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 61821791              | 123137107       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 61821791 | 123137107 |
|-----------------------------------------------------------|-----------|----------|-----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4790000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4790000   |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 6347087   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 11137087  |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2015625 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2015625 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 0       |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 2015625 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 9121462  |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 52193854 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| <b>a</b> 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>b</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  |           |
| <b>c</b> 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  |           |
| <b>d</b> 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  |           |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 100000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |           |
| <b>g</b> 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  |           |
| <b>h</b> 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  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     | X  |           |
| <b>j</b> 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  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |           |
| <b>n</b> 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. ....                                                                                                                        |     | X  |           |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALCAN PENSION PLAN FOR SALARIED EMPLOYEES</u>                               | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PECHINEY PLASTIC PACKAGING INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-4290330</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>36-7283959</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>1</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                                         |
| <b>5</b> 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. |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                                         |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                              |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2010  
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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 59% Investment-Grade Debt: 31% High-Yield Debt: 2% Real Estate: 4% Other: 4%

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

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

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

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

# **Alcan Combined Pension Plan**

**Financial Statements**

**December 31, 2010 and 2009**

# Alcan Combined Pension Plan

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## Report of Independent Auditors

To the Participants and Administrator of  
Alcan Combined Pension Plan

We were engaged to audit the financial statements of Alcan Combined Pension Plan (formerly the Alcan Career Pension Plan) (the "Plan") at December 31, 2010 and 2009 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 6, 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, 2010 and 2009, 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.

As discussed in Note 1, four plans with total net assets of approximately \$52 million and total accumulated plan benefits of approximately \$44 million were merged into the Plan effective December 31, 2010.

*PricewaterhouseCoopers LLP*

Chicago, Illinois  
October 17, 2011

**Alcan Combined Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2010 and 2009**

---

|                                                                     | 2010                  | 2009                 |
|---------------------------------------------------------------------|-----------------------|----------------------|
| <b>Assets</b>                                                       |                       |                      |
| Plan interest in Rio Tinto America Master Retirement Trust (Note 6) | \$ 122,447,107        | \$ -                 |
| Plan interest in AlcanCorp Master Retirement Trust (Note 6)         | -                     | 56,491,791           |
| Contributions receivable                                            | 690,000               | 5,330,000            |
|                                                                     | <u>690,000</u>        | <u>5,330,000</u>     |
| Net assets available for benefits                                   | <u>\$ 123,137,107</u> | <u>\$ 61,821,791</u> |

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

**Alcan Combined Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2010 and 2009**

---

|                                                            | 2010                  | 2009                 |
|------------------------------------------------------------|-----------------------|----------------------|
| <b>Additions</b>                                           |                       |                      |
| Investment income (loss)                                   |                       |                      |
| Plan interest in AlcanCorp Master Retirement Trust         |                       |                      |
| investment income (loss) (Note 6)                          | \$ (2,522,140)        | \$ 10,482,975        |
| Plan interest in Rio Tinto America Master Retirement Trust |                       |                      |
| investment income (Note 6)                                 | 9,460,239             | -                    |
| Total investment income                                    | <u>6,938,099</u>      | <u>10,482,975</u>    |
| Employer contributions                                     | 4,790,000             | 5,330,000            |
| Transfer in from other plans                               | 52,193,854            | -                    |
| Total additions                                            | <u>63,921,953</u>     | <u>15,812,975</u>    |
| <b>Deductions</b>                                          |                       |                      |
| Benefits paid                                              | 2,015,625             | 1,207,427            |
| Administrative expenses                                    | 591,012               | 492,633              |
| Total deductions                                           | <u>2,606,637</u>      | <u>1,700,060</u>     |
| Net increase                                               | 61,315,316            | 14,112,915           |
| <b>Net assets available for benefits</b>                   |                       |                      |
| Beginning of year                                          | <u>61,821,791</u>     | <u>47,708,876</u>    |
| End of year                                                | <u>\$ 123,137,107</u> | <u>\$ 61,821,791</u> |

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

**Alcan Combined Pension Plan**  
**Statement of Accumulated Plan Benefits**  
**January 1, 2010**

---

**Actuarial present value of accumulated plan benefits**

Vested benefits

|                                           |               |
|-------------------------------------------|---------------|
| Participants currently receiving benefits | \$ 14,976,143 |
|-------------------------------------------|---------------|

|                                 |                   |
|---------------------------------|-------------------|
| Active and terminated employees | <u>49,941,115</u> |
|---------------------------------|-------------------|

|                       |            |
|-----------------------|------------|
| Total vested benefits | 64,917,258 |
|-----------------------|------------|

|                    |                  |
|--------------------|------------------|
| Nonvested benefits | <u>2,177,503</u> |
|--------------------|------------------|

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Total actuarial present value of accumulated plan benefits | <u>\$ 67,094,761</u> |
|------------------------------------------------------------|----------------------|

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

**Alcan Combined Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended January 1, 2010**

---

|                                                                             |                             |
|-----------------------------------------------------------------------------|-----------------------------|
| <b>Actuarial present value of accumulated plan benefits January 1, 2009</b> | <b>\$ 66,503,801</b>        |
| Increase (decrease) during year attributable to                             |                             |
| 2009 Benefit payments                                                       | (1,207,427)                 |
| Interest charge on beginning of year accrued benefits                       | 3,888,616                   |
| Assumption changes                                                          | (16,256,413)                |
| Plan amendment                                                              | 4,516,817                   |
| Benefits accumulated, net of actuarial experience gains/losses              | <u>9,649,367</u>            |
| <b>Actuarial present value of accumulated plan benefits January 1, 2010</b> | <b><u>\$ 67,094,761</u></b> |

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

# **Alcan Combined Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2010 and 2009**

---

#### **1. Description of the Plan**

##### **General**

Effective December 31, 2010, the Alcan Career Pension Plan, formerly the Alcan Pension Plan for Salaried Employees, was renamed the Alcan Combined Pension Plan (the "Plan").

The Plan became effective July 28, 1999. This noncontributory defined benefit 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.

On February 1, 2010, February 28, 2010, June 30, 2010, and July 1, 2010, Rio Tinto, the parent of the Company, sold the Shelbyville, Kentucky pharmaceutical business to Amcor, sold the Food packaging business to Bemis Company, Inc., sold the Medical Flexible business to Amcor and sold the Beauty business to Twist Beauty Packaging US, Inc., respectively. Benefits accrued thru the closing dates for affected employees.

Effective December 31, 2010, four plans were merged into the Plan: Alcan Food Packaging Hourly Non Union Combined Pension Plan, Alcan Food Packaging Hourly Union Combined Pension Plan, Alcan Beauty Tubes America Hourly Non Union Pension Plan, and Alcan Retirement Plan for Bargaining Employees of Illinois. Net assets totaling \$52,193,854 were transferred to the Plan on that date. The accumulated plan benefits for the merged plans approximated \$44 million on the date of the merger.

##### **Pension Benefits**

Benefit provisions were changed effective January 1, 2007. The benefit formula was changed to generally provide a retirement benefit that is the sum of a percentage (1.5%) of the participant's Plan compensation for each year the participant earns benefit service (that is, a benefit based on a career average formula.) Special grandfathering rules allow a plan participant who meets certain age plus service criteria as of December 31, 2006 to continue to accrue benefits after such date based on the former plan provisions.

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 the following optional forms of payment:

- 50% and 100% Joint and Survivor
- 10 year Certain and Life

# **Alcan Combined Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2010 and 2009**

---

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

- i. Age 65 for normal retirement.
- ii. Age 62 and 5 years of service or age 60 and 30 years of service for unreduced early retirement.
- iii. Age 55 and 5 years of service, for early retirement. Effective January 1, 2007, early retirement age was increased to age 60, except for participants in the blue group, as defined by the Plan.
- iv. After 5 years of service, deferred vested benefits.

Prior to January 1, 2007, benefits were determined by the number of years of service at the time of retirement and the average compensation for the highest five consecutive years prior to retirement. An early retirement option is available as well as a provision for early retirement due to disability. For employees who do not meet the eligibility requirements for unreduced early retirement, the benefit for early retirement is reduced by 1/4% for each month of retirement prior to attaining age 62. Benefits vest after 5 years of service.

## **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**

Prior to July 1, 2010, the Plan participated in the AlcanCorp Master Retirement Trust ("Alcan Trust"). The Alcan Trust was a multiple plan trust, ownership of which was divided among the plans based on allocated units of participation. Each participation unit had a value equal to the total fair value of the Alcan Trust's net assets divided by the total participation units outstanding. State Street Bank and Trust Company (the "Trustee") was the trustee of the Alcan Trust.

The Plan's investment in the Alcan Trust was stated at fair value. The fair value of the Plan's interest in the Alcan Trust was based on the beginning of year value of the Plan's interest in the Alcan Trust, plus actual contributions and allocated investment (loss) income, less actual distributions and actual and allocated administrative expenses. Investment (loss) income and administrative expenses which are not plan specific, were allocated to the Plan based on the Plan's pro rata share of each of the underlying assets of the Alcan Trust on a monthly basis. 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 Alcan Trust, which consisted of the realized gains or losses, unrealized appreciation or depreciation, interest, and dividends of the Alcan Trust's investments.

# **Alcan Combined Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2010 and 2009**

---

#### **Valuation of Investment in Rio Tinto America Master Retirement Trust**

Effective July 1, 2010, the Plan participates in the Rio Tinto America Master Retirement Trust ("Master Trust"). The Master Trust commenced on April 1, 2010 and held assets of other participating plans. 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 is also 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 (loss) income, less actual distributions and actual and allocated administrative expenses. Investment (loss) income 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. 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.

#### **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 and Alcan Trust, which consists of the realized gains or losses, unrealized appreciation or depreciation, interest, and dividends of the Alcan Trust's and 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.

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 2010 and 2009 was \$2,391,762 and \$5,934,575, respectively. Additionally, in 2010 and 2009, the Company contributed, in cash and through the use of credit balances in the Funding Standard Account, \$4,604,812 and \$5,353,755, 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 and salary prior to the valuation date are

# Alcan Combined Pension Plan

## Notes to Financial Statements

### December 31, 2010 and 2009

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considered. The accumulated benefit values do not anticipate any future service or future salary increases.

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:

|                             |                                                                                                                                                                                                                                    |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Present value discount rate | 6.90% per annum (5.90% per annum for 2009).                                                                                                                                                                                        |
| Mortality table used        | UP94 with generational mortality projected by scale AA.                                                                                                                                                                            |
| Retirement rate             | Rates increasing from 10% to 100% between ages 60 and 65 for all participants not in the blue group, as defined, which remained unchanged. Rates increasing from 15% to 100% between ages 55 and 65 for the blue group as defined. |
| Employee turnover           | Decreasing rates between ages 15 and 54                                                                                                                                                                                            |

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.

#### **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.

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.

# **Alcan Combined Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2010 and 2009**

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#### **Recent Accounting Pronouncements**

In January 2010, the FASB issued guidance for improving disclosures about fair value measurements. The new guidance requires new disclosures for transfers in and out of Level 1 and 2 classifications and for more detail about the activity in Level 3 fair value measurements. There were no transfers between Level 1 and 2 during 2010. The new guidance also clarifies previous disclosure requirements by increasing the level of disaggregation to the class level for investments and by requiring more disclosures about inputs and valuation techniques for fair value measurements in Level 2 and Level 3. The disclosures required under this guidance are provided in the accompanying Note 7, Fair Value Measurements.

### **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 document has been amended and restated since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

### **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:

- i. Persons currently receiving retirement benefits.
- ii. 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.
- iii. Persons who have a vested interest in their accrued benefits.
- iv. Persons who have become entitled to Plan benefits by reason of Plan termination.

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.

# Alcan Combined Pension Plan

## Notes to Financial Statements

### December 31, 2010 and 2009

---

#### 5. Plan Amendment

In 2010 a Plan amendment increased the benefit payment levels for certain employees covered by the Plan who retire on or after January 1, 2010. The effect of this Plan amendment was to increase the actuarial present value of accumulated plan benefits at January 1, 2010 by \$4,516,817.

#### 6. Interests in Master Trust and Alcan Trust and Trustee Certification

Since July 1, 2010, the Plan participates in the Master Trust as permitted by the Plan agreement. The Plan has an undivided interest of 6.61% in the net assets of the Master Trust, at December 31, 2010.

Until July 1, 2010, the Plan participated in the Alcan Trust and at December 31, 2009 had an undivided interest of 5.83% in the net assets of that trust.

As of December 31, 2010 and 2009, and for the years then ended, the Plan's interest in the Master Trust and the Alcan Trust included in the Statements of Net Assets Available for Benefits, the related interest in the investment income of the Master Trust and the Alcan 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 and Alcan Trust, as presented below have been certified as accurate and complete by the Trustee.

#### Master Trust

The investments of the Master Trust at December 31, 2010 are as follows:

|                                        |                         |
|----------------------------------------|-------------------------|
| Cash and cash equivalents              | \$ 68,120,046           |
| U.S. and foreign government securities | 274,000,671             |
| Corporate debt                         | 233,437,310             |
| Preferred stocks                       | 4,091,114               |
| Common stocks                          | 433,554,422             |
| Partnerships/Joint ventures            | 90,790,595              |
| Loans secured by mortgages             | 24,026,284              |
| Common collective trusts               | 693,243,703             |
| Registered investment companies        | 15,323,052              |
| Total investments                      | <u>\$ 1,836,587,197</u> |

**Alcan Combined Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2010 and 2009**

---

The investment income of the Master Trust for the six months ended December 31, 2010 is as follows:

|                                        |                       |
|----------------------------------------|-----------------------|
| <b>Net appreciation (depreciation)</b> |                       |
| U.S. and foreign government securities | \$ 3,590,387          |
| Corporate debt                         | 4,753,134             |
| Preferred stocks                       | 180,552               |
| Common stocks                          | 86,629,279            |
| Partnership/Joint ventures             | 15,922,681            |
| Loans secured by mortgages             | 1,350,056             |
| Common collective trusts               | 120,550,414           |
| Registered investment companies        | 3,831,920             |
| Other                                  | (1,740,296)           |
| <b>Total net appreciation</b>          | <b>235,068,127</b>    |
| Interest                               | 13,797,396            |
| Dividends                              | 3,287,110             |
| Currency gain/loss and other           | 1,723,517             |
| <b>Total investment income</b>         | <b>\$ 253,876,150</b> |

**Alcan Trust**

The investments of the Alcan Trust at December 31, 2009 are as follows:

|                                        |                       |
|----------------------------------------|-----------------------|
| Cash and cash equivalents              | \$ 27,535,043         |
| U.S. and foreign government securities | 124,340,573           |
| Corporate debt                         | 176,593,679           |
| Preferred stocks                       | 3,931,801             |
| Common stocks                          | 204,928,815           |
| Partnerships/Joint ventures            | 38,561,381            |
| Loans secured by mortgages             | 11,035,595            |
| Common collective trusts               | 353,952,830           |
| Registered investment companies        | 13,172,151            |
| <b>Total investments</b>               | <b>\$ 954,051,868</b> |

**Alcan Combined Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2010 and 2009**

---

The investment income (loss) of the Alcan Trust for the six months ended June 30, 2010 and the year ended December 31, 2009 is as follows:

|                                        | <b>2010</b><br><b>(6 Months)</b> | <b>2009</b>           |
|----------------------------------------|----------------------------------|-----------------------|
| <b>Net appreciation (depreciation)</b> |                                  |                       |
| U.S. and foreign government securities | \$ 2,523,424                     | \$ (5,948,221)        |
| Corporate debt                         | 3,199,076                        | 25,458,034            |
| Preferred stocks                       | (21,240)                         | 1,936,621             |
| Common stocks                          | (16,829,550)                     | 43,532,896            |
| Partnerships/Joint ventures            | (2,624,370)                      | (22,026,934)          |
| Loans secured by mortgages             | 257,732                          | 1,376,881             |
| Common collective trusts               | (38,499,750)                     | 109,335,092           |
| Registered investment companies        | (1,803,848)                      | 6,497,731             |
| Other                                  | 7,123                            | (4,524,253)           |
| Total net appreciation (depreciation)  | (53,791,403)                     | 155,637,847           |
| Interest                               | 8,828,505                        | 17,868,510            |
| Dividends                              | 1,498,374                        | 3,137,092             |
| Currency gain/loss and other           | 763,944                          | 3,891,599             |
| Total investment income (loss)         | <u>\$ (42,700,580)</u>           | <u>\$ 180,535,048</u> |

**7. Fair Value Measurements**

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 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.

# **Alcan Combined Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2010 and 2009**

---

All Master Trust and Alcan 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 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 and Alcan Trust. Certain Master Trust and Alcan 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 and Alcan Trust as determined by the general partner or investment manager of the respective partnership. Partnerships/Joint Ventures include 6 Private Equity Fund of Funds LPs that invest in private equity both domestically and internationally. These investments are considered illiquid and are meant to be held for the life of the funds but, if necessary, sales can be arranged through the secondary market. 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 8 years. Unfunded commitments of approximately \$52 million remain for these 6 funds.

Partnerships/joint Ventures also include 3 investments in domestic and international Real Estate Fund Limited Partnerships, and 2 investments in Direct Real Estate Funds. 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 are considered illiquid but sales can be arranged on the secondary market or in the case of the two Direct Real Estate Funds can be redeemed over time. 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 8 years. Unfunded commitments of approximately \$37 million remain for the 3 investments in Real Estate Fund Limited Partnerships.

**Alcan Combined Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2010 and 2009**

The following table sets forth by level within the fair value hierarchy the Master Trust's investment assets at fair value, as of December 31, 2010.

|                                              | December 31, 2010               |                         |                      |                         |
|----------------------------------------------|---------------------------------|-------------------------|----------------------|-------------------------|
|                                              | Investment Assets at Fair Value |                         |                      |                         |
|                                              | Level 1                         | Level 2                 | Level 3              | Total                   |
| Cash and cash equivalents                    | \$ -                            | \$ 68,120,046           | \$ -                 | \$ 68,120,046           |
| Fixed income investments                     |                                 |                         |                      |                         |
| US government securities                     | -                               | 181,853,241             | -                    | 181,853,241             |
| Foreign government securities                | -                               | 92,147,430              | -                    | 92,147,430              |
| Corporate bonds                              | -                               | 233,437,310             | -                    | 233,437,310             |
| Common stocks                                |                                 |                         |                      |                         |
| U.S. large cap                               | 204,633,207                     | -                       | -                    | 204,633,207             |
| U.S. mid cap                                 | 144,421,232                     | -                       | -                    | 144,421,232             |
| U.S. small cap                               | 15,882,776                      | -                       | -                    | 15,882,776              |
| International                                | 68,617,207                      | -                       | -                    | 68,617,207              |
| Preferred stocks                             | -                               | 4,091,114               | -                    | 4,091,114               |
| Partnerships/Joint ventures                  | -                               | -                       | 90,790,595           | 90,790,595              |
| Loans secured by mortgages                   | -                               | 24,026,284              | -                    | 24,026,284              |
| Common collective trusts                     |                                 |                         |                      |                         |
| Domestic equity                              | -                               | 241,240,385             | -                    | 241,240,385             |
| International equity                         | -                               | 424,046,427             | -                    | 424,046,427             |
| Domestic Bonds                               | -                               | 27,942,850              | -                    | 27,942,850              |
| Other                                        | -                               | 14,041                  | -                    | 14,041                  |
| Registered investment companies              | 15,323,052                      | -                       | -                    | 15,323,052              |
| <b>Total investment assets at fair value</b> | <b>\$ 448,877,474</b>           | <b>\$ 1,296,919,128</b> | <b>\$ 90,790,595</b> | <b>\$ 1,836,587,197</b> |

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the six months ended December 31, 2010.

|                                                                            | <b>Level 3 Assets<br/>Partnerships/<br/>Joint Ventures<br/>2010<br/>(6 Months)</b> |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Balance at July 1, 2010</b>                                             | \$ 23,468,475                                                                      |
| Transfer from Alcan Trust                                                  | 41,845,263                                                                         |
| Realized losses                                                            | (1,718,374)                                                                        |
| Unrealized losses relating to instruments still held at the reporting date | 17,641,055                                                                         |
| Purchases, sales, issuances and settlements, net                           | 9,554,176                                                                          |
| <b>Balance at December 31, 2010</b>                                        | <b>\$ 90,790,595</b>                                                               |

**Alcan Combined Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2010 and 2009**

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

|                                              | December 31, 2009               |                       |                      |                       |
|----------------------------------------------|---------------------------------|-----------------------|----------------------|-----------------------|
|                                              | Investment Assets at Fair Value |                       |                      |                       |
|                                              | 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            |
| <b>Total investment assets at fair value</b> | <b>\$ 218,100,966</b>           | <b>\$ 697,389,521</b> | <b>\$ 38,561,381</b> | <b>\$ 954,051,868</b> |

The following table sets forth a summary of changes in the fair value of the Alcan Trust's Level 3 assets for the six months ended June 30, 2010 and the year ended December 31, 2009.

|                                                                            | Level 3 Assets              |                      |
|----------------------------------------------------------------------------|-----------------------------|----------------------|
|                                                                            | Partnerships Joint Ventures |                      |
|                                                                            | 2010                        | 2009                 |
|                                                                            | (6 Months)                  |                      |
| <b>Balance at beginning of period</b>                                      | \$ 38,561,381               | \$ 36,020,199        |
| Realized losses                                                            | (1,111,930)                 | (444,724)            |
| Unrealized losses relating to instruments still held at the reporting date | (1,512,440)                 | (19,621,315)         |
| Purchases, sales, issuances and settlements, net                           | 5,908,252                   | 22,607,221           |
| Transfer to Master Trust                                                   | (41,845,263)                | -                    |
| <b>Balance at end of period</b>                                            | <b>\$ -</b>                 | <b>\$ 38,561,381</b> |

**Alcan Combined Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2010 and 2009**

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**8. Party-in-Interest Transactions**

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

| <b>Party-in-Interest</b>                                 | <b>2010</b>   | <b>2009</b>   |
|----------------------------------------------------------|---------------|---------------|
| State Street Bank & Trust Co. Short Term Investment Fund | \$ 67,106,190 | \$ 27,085,161 |
| State Street Global Advisors Money Market Fund           | -             | 449,881       |
| State Street Global Advisors Russell 1000 Index Fund     | 125,671,136   | -             |
| State Street Global Advisors MSCI EAFE Index Fund        | 28,991,017    | -             |
| Capital Guardian Equity Fund                             | 132,225,314   | 147,942,352   |
| Russell 1000 Growth Fund                                 | 115,569,249   | 95,465,178    |
| AXA Capital Europe                                       | 4,691,817     | 3,211,295     |
| AXA Private Equity Fund II                               | 3,661,718     | 3,803,348     |
| AXA Capital America LP                                   | 3,307,134     | 1,732,112     |
| Alliance Bernstein Equity Fund                           | -             | 110,545,300   |
| State Street Corporation common stock                    | -             | 2,660,294     |

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

**9. Subsequent Events**

The Plan has evaluated subsequent events through October 17, 2011, 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

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

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

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

Alcan Pension Plan for Salaried Employees

**B** Three-digit  
plan number (PN) ▶

001

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

Pechiney Plastic Packaging, Inc

**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 2010**2** Assets:

|                               | <b>2a</b>  | <b>2b</b>  |
|-------------------------------|------------|------------|
| <b>a</b> Market value.....    | 61,536,375 |            |
| <b>b</b> Actuarial value..... |            | 63,808,863 |

**3** Funding target/participant count breakdown

(1) Number of participants (2) Funding Target

|                                                                             | <b>3a</b> | <b>3b</b> | <b>3c(1)</b> | <b>3c(2)</b> | <b>3c(3)</b> | <b>3d</b> |
|-----------------------------------------------------------------------------|-----------|-----------|--------------|--------------|--------------|-----------|
| <b>a</b> For retired participants and beneficiaries receiving payment ..... | 283       |           |              |              |              |           |
| <b>b</b> For terminated vested participants .....                           | 373       |           |              |              |              |           |
| <b>c</b> For active participants:                                           |           |           |              |              |              |           |
| (1) Non-vested benefits.....                                                |           |           |              |              |              |           |
| (2) Vested benefits.....                                                    |           |           |              |              |              |           |
| (3) Total active .....                                                      | 1,068     |           |              |              |              |           |
| <b>d</b> Total.....                                                         | 1,724     |           |              |              |              |           |

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

|                                                                                                                                                                                                       | <b>4a</b> | <b>4b</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             |           |           |
| <b>b</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** 6.70 %**6** Target normal cost..... **6** 1,822,220**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

10/11/2011

Date

Yvonne Gatcheff Ornt

Type or print name of actuary

11-03910

Most recent enrollment number

Hewitt Associates LLC

(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) 2010  
v.092308.1

| Part II | Beginning of year carryover and prefunding balances                                             | (a) Carryover balance | (b) Prefunding balance |
|---------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 8,886,063             | 0                      |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 5,671,963             | 0                      |
| 9       | Amount remaining (Item 7 minus item 8) .....                                                    | 3,214,100             | 0                      |
| 10      | Interest on item 9 using prior year's actual return of <u>22.10</u> % .....                     | 710,316               |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                       | 4,404,382              |
| b       | Interest on (a) using prior year's effective rate of <u>8.13</u> % .....                        |                       | 973,368                |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 5,377,750              |
| d       | Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| 12      | Reduction in balances due to elections or deemed elections .....                                | 1,708,814             | 0                      |
| 13      | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....              | 2,215,602             | 0                      |

| Part III | Funding percentages                                                                                                                                              |           |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 14       | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 91.00 %  |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 91.00 %  |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 109.71 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| Part IV                                                                           | Contributions and liquidity shortfalls |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                        |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s)      | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 12/03/2010                                                                        | 4,100,000                              |                                 |                          |                                   |                                 |
| 08/29/2011                                                                        | 690,000                                |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                   |                                        |                                 | <b>18(b)</b>             | 4,790,000                         | <b>18(c)</b>                    |
|                                                                                   |                                        |                                 |                          |                                   | 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. ....                     | <b>19a</b> | 0         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 4,482,076 |

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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 1,822,220          |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3,384,245           | 569,542            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 2,391,762          |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 2,154,793           | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 236,969            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                  | <b>37</b>           | 4,482,076          |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 4,245,107          |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Pension Plan for Salaried Employees  
EIN: 36-4290330 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

| <b>Date</b>        | <b>Amount</b>       | <b>Interest<br/>Rate</b> | <b>Interest Adjusted<br/>Contribution</b> |
|--------------------|---------------------|--------------------------|-------------------------------------------|
| December 3, 2010   | \$ 4,100,000        | 6.70%                    | \$ 3,862,399                              |
| August 29, 2011    | \$ 690,000          | 6.70%                    | \$ 619,677                                |
| Total Contribution | <u>\$ 4,790,000</u> |                          | <u>\$ 4,482,076</u>                       |

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Pension Plan for Salaried Employees  
EIN: 36-4290330 PN: 001

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.

| Participants Assumed to Not be Impacted by Sales |         |        |                            |                                     |         |        |                            |
|--------------------------------------------------|---------|--------|----------------------------|-------------------------------------|---------|--------|----------------------------|
| Blue Participants                                |         |        |                            | Green, Yellow & Orange Participants |         |        |                            |
| (a)                                              | (b)     | (c)    | (d)                        | (a)                                 | (b)     | (c)    | (d)                        |
| Age                                              | Rate    | Weight | Product<br>(a) × (b) × (c) | Age                                 | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55.5                                             | 15.00%  | 1.0000 | 8.33                       | 60.5                                | 10.00%  | 1.0000 | 6.05                       |
| 56.5                                             | 15.00%  | 0.8500 | 7.20                       | 61.5                                | 10.00%  | 0.9000 | 5.54                       |
| 57.5                                             | 15.00%  | 0.7225 | 6.23                       | 62.5                                | 30.00%  | 0.8100 | 15.19                      |
| 58.5                                             | 15.00%  | 0.6141 | 5.39                       | 63.5                                | 60.00%  | 0.5670 | 21.60                      |
| 59.5                                             | 15.00%  | 0.5220 | 4.66                       | 64.5                                | 60.00%  | 0.2268 | 8.78                       |
| 60.5                                             | 30.00%  | 0.4437 | 8.05                       | 65                                  | 100.00% | 0.0907 | 5.90                       |
| 61.5                                             | 30.00%  | 0.3106 | 5.73                       |                                     |         |        |                            |
| 62.5                                             | 30.00%  | 0.2174 | 4.08                       |                                     |         |        |                            |
| 63.5                                             | 30.00%  | 0.1522 | 2.90                       |                                     |         |        |                            |
| 64.5                                             | 30.00%  | 0.1065 | 2.06                       |                                     |         |        |                            |
| 65                                               | 100.00% | 0.0746 | 4.85                       |                                     |         |        |                            |
| Weighted Average                                 |         |        | 59.48                      | Weighted Average                    |         |        | 63.06                      |

  

| Participants Assumed to be Impacted by Sales - Early Retirement Eligible |         |        |                            |                                     |         |        |                            |
|--------------------------------------------------------------------------|---------|--------|----------------------------|-------------------------------------|---------|--------|----------------------------|
| Blue Participants                                                        |         |        |                            | Green, Yellow & Orange Participants |         |        |                            |
| (a)                                                                      | (b)     | (c)    | (d)                        | (a)                                 | (b)     | (c)    | (d)                        |
| Age                                                                      | Rate    | Weight | Product<br>(a) × (b) × (c) | Age                                 | Rate    | Weight | Product<br>(a) × (b) × (c) |
| Immediate                                                                | 100.00% | n/a    | n/a                        | Immediate                           | 100.00% | n/a    | n/a                        |
| Weighted Average                                                         |         |        | 58.83                      | Weighted Average                    |         |        | 64.18                      |

  

| Participants Assumed to be Impacted by Sales - Not Eligible for Early Retirement |         |        |                            |                                     |         |        |                            |
|----------------------------------------------------------------------------------|---------|--------|----------------------------|-------------------------------------|---------|--------|----------------------------|
| Blue Participants                                                                |         |        |                            | Green, Yellow & Orange Participants |         |        |                            |
| (a)                                                                              | (b)     | (c)    | (d)                        | (a)                                 | (b)     | (c)    | (d)                        |
| Age                                                                              | Rate    | Weight | Product<br>(a) × (b) × (c) | Age                                 | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 58                                                                               | 0.00%   | 1.0000 | 0.00                       | 62                                  | 0.00%   | 1.0000 | 0.00                       |
| 59                                                                               | 100.00% | 1.0000 | 59.00                      | 63                                  | 100.00% | 1.0000 | 63.00                      |
| Weighted Average                                                                 |         |        | 59.00                      | Weighted Average                    |         |        | 63.00                      |

  

|                                                                              | Average Age  | Active Count | % of Active Participants |
|------------------------------------------------------------------------------|--------------|--------------|--------------------------|
| Blue Participants - Not Impacted by Sales                                    | 59.48        | 91           | 8.6%                     |
| Blue Participants - Impacted by Sales - Early Ret Elig                       | 58.83        | 124          | 11.7%                    |
| Blue Participants - Impacted by Sales - Not Early Ret Elig                   | 59.00        | 180          | 17.0%                    |
| Green, Yellow & Orange Participants - Not Impacted by Sales                  | 63.06        | 93           | 8.8%                     |
| Green, Yellow & Orange Participants - Impacted by Sales - Early Ret Elig     | 64.18        | 24           | 2.3%                     |
| Green, Yellow & Orange Participants - Impacted by Sales - Not Early Ret Elig | 63.00        | 547          | 51.7%                    |
| <b>Weighted Average Retirement Age =</b>                                     | <b>61.56</b> |              |                          |

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

|                                                                                                                                                              |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Interest Rates                                                                                                                                               | Based on segment rates with a four-month lookback (as of September 2009).           |
| 1st Segment Rate                                                                                                                                             | 5.03%.                                                                              |
| 2nd Segment Rate                                                                                                                                             | 6.73%.                                                                              |
| 3rd Segment Rate                                                                                                                                             | 6.82%.                                                                              |
| Salary Increases                                                                                                                                             |                                                                                     |
| Minimum Funding Target Normal Cost                                                                                                                           | 4.00%.                                                                              |
| Maximum Tax Expected Benefit Increase                                                                                                                        | See Table 1.                                                                        |
| Social Security Wage Base Increases                                                                                                                          | Future wage indices are based on a national wage increase of 4.00% per year.        |
| Social Security COLA Increases                                                                                                                               | 3.50%.                                                                              |
| Optional Payment Form Election Percentage                                                                                                                    | Single Participants-Straight life annuity.<br>Married Participants-50% J&S annuity. |
| Optional Payment Form<br>Conversion Interest Rate                                                                                                            | 6.00%.                                                                              |
| Optional Payment Form<br>Conversion Mortality                                                                                                                | Mortality table specified in Revenue Ruling 2001-62.                                |
| Retirement Age                                                                                                                                               |                                                                                     |
| Participants Assumed to be Impacted by Sales (all active participants in Business Units of Lawson Mardon, Shelbyville Pharma, Medical Flexible and Plastics) |                                                                                     |
| Early Retirement Eligible Participants                                                                                                                       | Age 55 for Blue participants. Age 60 for Green, Yellow and Orange participants.     |
| Participants Not Eligible for Early Retirement                                                                                                               | Age 59 for Blue participants. Age 63 for Green, Yellow and Orange participants.     |
| Participants Assumed to Not be Impacted by Sales (all active participants in Business Units of Corporate and Tubes)                                          | See Tables 2-3.                                                                     |

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|                                                                                                                                                                                  |                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Terminated Vested Participants                                                                                                                                                   | Age 59 for Blue and Age 63 for Green, Yellow and Orange terminated vesteds and actives who terminate before reaching early retirement eligibility.              |
| Mortality Rates<br>Healthy and Disabled                                                                                                                                          | 2010 Static Mortality Table for Annuitants and Non-Annuitants per§1.430(h)(3)-1(e).                                                                             |
| Withdrawal Rates<br>Participants Assumed to be Impacted by Sales (all active participants in Business Units of Lawson Mardon, Shelbyville Pharma, Medical Flexible and Plastics) | 100% during 2010.                                                                                                                                               |
| Participants Assumed to Not be Impacted by Sales (all active participants in Business Units of Corporate and Tubes)                                                              | See Table 4.                                                                                                                                                    |
| Disability Rates                                                                                                                                                                 | See Table 5.                                                                                                                                                    |
| Surviving Spouse Benefit                                                                                                                                                         | It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.                            |
| Valuation Compensation                                                                                                                                                           | 2009 pensionable earnings rolled forward one year with the salary increase assumption.                                                                          |
| Benefit and Compensation Limits                                                                                                                                                  | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000. |

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Valuation of Plan Assets

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.

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).

Expected Return on Assets  
2008 Plan Year  
2009 Plan Year

6.43%  
5.90%.

Trust Expenses Included in Target Normal Cost

\$394,449, based on the prior year's estimated plan administrative expenses (excluding PBGC premiums), plus estimated PBGC premiums for current year.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2010.

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Table 1

Salary Merit Increase Rates

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 15  | 8.05% | 45  | 5.25% |
| 16  | 8.05% | 46  | 5.15% |
| 17  | 8.05% | 47  | 5.15% |
| 18  | 8.05% | 48  | 5.05% |
| 19  | 8.05% | 49  | 5.05% |
| 20  | 8.05% | 50  | 4.95% |
| 21  | 7.85% | 51  | 4.95% |
| 22  | 7.65% | 52  | 4.85% |
| 23  | 7.45% | 53  | 4.85% |
| 24  | 7.25% | 54  | 4.75% |
| 25  | 7.15% | 55  | 4.75% |
| 26  | 6.95% | 56  | 4.65% |
| 27  | 6.85% | 57  | 4.55% |
| 28  | 6.65% | 58  | 4.45% |
| 29  | 6.55% | 59  | 4.35% |
| 30  | 6.45% | 60  | 4.25% |
| 31  | 6.35% | 61  | 4.05% |
| 32  | 6.25% | 62  | 3.75% |
| 33  | 6.15% | 63  | 3.45% |
| 34  | 6.05% | 64  | 3.05% |
| 35  | 6.05% | 65+ | 0.00% |
| 36  | 5.95% |     |       |
| 37  | 5.85% |     |       |
| 38  | 5.75% |     |       |
| 39  | 5.65% |     |       |
| 40  | 5.55% |     |       |
| 41  | 5.55% |     |       |
| 42  | 5.45% |     |       |
| 43  | 5.35% |     |       |
| 44  | 5.35% |     |       |

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## Table 2

### Retirement Rates—Blue Active Participants

| Age | Rate    |
|-----|---------|
| 55  | 15.00%  |
| 56  | 15.00%  |
| 57  | 15.00%  |
| 58  | 15.00%  |
| 59  | 15.00%  |
| 60  | 30.00%  |
| 61  | 30.00%  |
| 62  | 30.00%  |
| 63  | 30.00%  |
| 64  | 30.00%  |
| 65+ | 100.00% |

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## Table 3

### Retirement Rates—Green, Yellow and Orange Active Participants

| Age | Rate    |
|-----|---------|
| 60  | 10.00%  |
| 61  | 10.00%  |
| 62  | 30.00%  |
| 63  | 60.00%  |
| 64  | 60.00%  |
| 65+ | 100.00% |

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## Table 4—Page 1 of 2

### Termination Rates

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5+     |
| 15  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 16  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 17  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 18  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 19  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 20  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 21  | 22.75%           | 22.75% | 22.75% | 22.75% | 22.75% | 22.75% |
| 22  | 21.71%           | 21.71% | 21.71% | 21.71% | 21.71% | 21.71% |
| 23  | 20.54%           | 20.54% | 20.54% | 20.54% | 20.54% | 20.54% |
| 24  | 19.63%           | 19.63% | 19.63% | 19.63% | 19.63% | 19.63% |
| 25  | 18.59%           | 18.59% | 18.59% | 18.59% | 18.59% | 18.59% |
| 26  | 17.68%           | 17.68% | 17.68% | 17.68% | 17.68% | 17.68% |
| 27  | 16.64%           | 16.64% | 16.64% | 16.64% | 16.64% | 16.64% |
| 28  | 16.51%           | 15.73% | 15.73% | 15.73% | 15.73% | 15.73% |
| 29  | 16.51%           | 15.47% | 14.95% | 14.95% | 14.95% | 14.95% |
| 30  | 16.51%           | 15.47% | 14.30% | 14.04% | 14.04% | 14.04% |
| 31  | 16.51%           | 15.47% | 14.30% | 13.26% | 13.26% | 13.26% |
| 32  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.48% | 12.48% |
| 33  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 11.70% |
| 34  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 11.05% |
| 35  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 10.27% |
| 36  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 9.62%  |
| 37  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 8.97%  |
| 38  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 8.45%  |
| 39  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 7.80%  |
| 40  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 7.28%  |
| 41  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 6.76%  |
| 42  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 6.37%  |
| 43  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 5.85%  |
| 44  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 5.46%  |

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### Termination Rates

| Age | Years of Service |        |        |        |        |       |
|-----|------------------|--------|--------|--------|--------|-------|
|     | 0                | 1      | 2      | 3      | 4      | 5+    |
| 45  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 5.07% |
| 46  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 4.68% |
| 47  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 4.42% |
| 48  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 4.03% |
| 49  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 3.77% |
| 50  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 3.51% |
| 51  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 3.38% |
| 52  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 3.12% |
| 53  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 2.99% |
| 54  | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 2.86% |
| 55+ | 16.51%           | 15.47% | 14.30% | 13.26% | 12.35% | 2.86% |

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Table 5

Disability Rates

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

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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 #001 – Salaried Plan.

PPPI Plan 001 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 final pay 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.

Effective January 1, 2000, Kenpak Salaried employees became participants in the Salaried Plan. Benefit service begins January 1, 2000, but service for eligibility and vesting was granted from hire date.

Effective July 1, 2001, JPS Salaried employees became participants in the Salaried Plan. Benefit service begins July 1, 2001, but service for eligibility and vesting was granted from date of hire.

Effective February 2, 2002, Phoenix Salaried employees became participants in the Salaried Plan. Benefit service begins February 2, 2002, but service for eligibility and vesting was granted from hire date.

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 2005, Alcan, Inc. became the sponsor of the plan, which was renamed the Alcan Salaried Pension Plan (Plan # 001).

During 2006, there were significant headcount reductions for certain locations in PPPI Plan 001. FAS 88 curtailment accounting calculations were performed as of March 31, 2006 and June 30, 2006.

Effective January 1, 2007, the plan was amended, renamed and restated. The amendment created a career average plan for all new hires on or after January 1, 2005, and created several groups of participants with varying levels of pension grandfathering of the former PPPI Salaried Plan.

Effective January 1, 2007, Lawson Mardon Salaried employees became participants under the career average formula. Benefit service begins January 1, 2006, but eligibility and vesting service was granted from hire date.

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

During 2010, certain Rio Tinto Alcan business units were sold. Rio Tinto retained the benefit liabilities for the impacted participants. All impacted participants were fully vested in their accrued benefits. All impacted Blue participants who were at least age 54 were bridged into early retirement eligibility. The January 1, 2010 funding valuation reflects the impact of the sales based on information available as of January 1, 2010.

Effective December 31, 2010, the Alcan Plastics Hourly Non-Union Pension Plan, the Alcan Plastics Hourly Union Pension Plan, the Alcan Tubes Hourly Non-Union Pension Plan and the Alcan Retirement Plan for Bargaining Employees of Illinois were merged into the Alcan Pension Plan for Salaried Employees.

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                                          | July 28, 1999.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ANCG Offset for PPPI Employees<br>Transferring from ANC | <p>Benefits payable from PPPI Plan #001 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 #020.</p> <p>The ANCG portion of the benefit will be based on service with ANCG and the Highest Average Salary upon termination from PPPI. Highest Average Salary for the ANCG portion of the benefit is limited to an average of 5% increases from the ANCG Highest Average Salary at the time of participant transfer. Eligibility for benefits is based on combined service with PPPI and ANCG.</p> |
| Date of Participation                                   | January 1 following age 20½ and completion of six months of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Eligibility by Group                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Blue                                                    | <p>For Non-Cebal Tubes Americas Participants: Hired before January 1, 2005 and age plus service total was 50 or more as of December 31, 2006</p> <p>For Cebal Tubes Americas Participants: Hired before January 1, 2005 and age plus service total was 55 or more as of December 31, 2006</p>                                                                                                                                                                                                                                                                                    |
| Green                                                   | Hired before January 1, 2005 and age plus service total is less than 50 for non-Cebal participants and less than 55 for Cebal participants as of December 31, 2006.                                                                                                                                                                                                                                                                                                                                                                                                              |
| Yellow                                                  | Hired by Alcan on or after January 1, 2005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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Orange

Hired before January 1, 2005 and a former Lawson Mardon employee.

Normal Retirement—Blue Participants  
Eligibility

Age 65.

Total Benefit

A monthly benefit equal to (a) reduced by (b), plus (c) below:

- (a) 1.5% of the Participant's Highest Average Salary times Service not in excess of 35 years.
- (b) 1.5% of the Participant's Primary Social Security Benefit times Service covered by (a) that occur after December 31, 1978.
- (c) 1% of the Participant's Highest Average Salary times Service in excess of 35 years, if any.

In no event shall the monthly retirement benefit be less than the benefit accrued at December 31, 1988 from the American National Can Group Retirement Plan for Salaried Employees—Plan 1 or Plan 2, or the Guardian Packaging Corporation Retirement Plan for Salaried Employees if a participant was formerly a participant in any of these plans.

Various divisions acquired by American National Can Group are subject to a past service date before which credit for service for benefit accrual purposes is not granted.

Early Retirement—Blue Participants  
Eligibility

Age 55 and five years of vesting service.

Total Benefit

A monthly benefit equal to (a) reduced by (b), plus (c) below:

- (a) 1.5% of the participant's highest average salary times service not in excess of 35 years. Such amount shall be reduced by  $\frac{1}{4}$  of 1% for each month by which the benefit commencement date precedes age 62. Such reduction shall not apply if the participant retires after age 60 with at least 30 years of service.

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- (b) 1.5% of the participant's primary social security benefit times service covered by (a) that occur after December 31, 1978. Such amount shall be reduced by 1/180th for the first 60 months and 1/360th for the next 60 months by which the benefit commencement date precedes normal retirement date.
- (c) 1.0% of the participant's highest average salary times service in excess of 35 years, if any. Such amount shall be reduced by  $\frac{1}{4}$  of 1% for each month by which the benefit commencement date precedes age 62. Such reduction shall not apply if the participant retires after age 60 with at least 30 years of service.

Late Retirement—Blue Participants  
Eligibility

Age 65.

Total Benefit

The normal retirement benefit, computed using highest average salary and service to actual date of retirement.

Deferred Vested—Blue Participants  
Retirement  
Eligibility

Five years of vesting service.

Total Benefit

Normal retirement benefit accrued to date of termination commencing at age 65 or reduced by  $\frac{1}{2}$  of 1% for each month the first payment precedes the employee's normal retirement date.

Normal Retirement—Green Participants  
Eligibility

Age 65.

Total Benefit

A monthly benefit equal to (a) plus (b) below:

- (a) Normal retirement formula payable to Blue participants with service frozen as of December 31, 2006 and pay based on Highest Average Salary at retirement and the participant's primary social security benefit at retirement.
- (b) 1.5% of career average pay times service with pay and benefit service beginning on January 1, 2007.

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Early Retirement—Green Participants  
Eligibility

Age 55 and five years of vesting service.

Total Benefit

A monthly benefit equal to (a) plus (b) below:

(a) Early retirement formula payable to Blue participants with service frozen as of December 31, 2006 and pay based on Highest Average Salary at termination.

(b) 1.5% of career average pay times service with pay and benefit service beginning on January 1, 2007. Such amount shall be actuarially reduced from age 65 for early commencement.

Late Retirement—Green Participants  
Eligibility

Age 65.

Total Benefit

The normal retirement benefit, computed using salary and service at actual date of retirement.

Deferred Vested—Green Participants  
Eligibility

Five years of vesting service.

Total Benefit

The normal retirement benefit accrued to date of termination commencing at age 65. If the benefit commences before age 65, the portion of the benefit payable under the Blue formula is reduced by  $\frac{1}{2}$  or 1% for each month the first payment precedes the employee's normal retirement date, and the portion of the benefit payable under the career average formula is actuarially reduced for early commencement.

Normal Retirement—Yellow and Orange Participants  
Eligibility

Age 65.

Total Benefit

A monthly benefit equal to 1.5% of career average pay times benefit service. Benefit service begins at later of January 1, 2006 and date of hire for Plastics (Flex Salaried) and Orange (Former Lawson Mardon and Shelbyville Pharma) participants. Benefit service begins at later of January 1, 2005 and date of hire for all other yellow participants.

Early Retirement—Yellow and Orange Participants  
Eligibility

Age 60 and five years of vesting service.

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|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Benefit                                              | Normal retirement benefit actuarially reduced from age 65 for early commencement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Late Retirement—Yellow and Orange Participants             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                                                | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Total Benefit                                              | The normal retirement, computed using salary and service at actual date of retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Deferred Vested Retirement—Yellow and Orange Participants  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                                                | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Total Benefit                                              | The normal retirement benefit accrued to date of termination commencing at age 65 or actuarially reduced for commencement before age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Disability Retirement—All Participants                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                                                | Entitled to benefits under the Company's Long-Term Disability (LTD) Plan and disability benefits under provisions of the Social Security Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Total Benefit                                              | For participants with a date of disability on or after January 1, 2007: Accrued benefit commencing as of normal retirement date or, if later, when LTD benefits stop. The accrued benefit is based on salary on the date of disability and service on the date of disability plus up to two years of additional service if the participant continues to qualify for LTD benefits, assuming no changes occur in the social security law from the date of disability.                                                                                                                                                     |
| ANCG Offset for Participants transferring from ANC to PPPI | <p>Date of Disability before January 1, 1989: ANCG pays complete benefit. No PPPI benefit is payable.</p> <p>Date of Disability between January 1, 1989 and July 28, 1999: ANCG pays the portion of the Total Benefit that corresponds to service before July 28, 1999.</p> <p>Date of Disability after July 28, 1999: The ANCG portion of the benefit will be based on service with ANCG and the Highest Average Salary upon disability to PPPI. Highest Average Salary for the ANCG portion of the benefit is limited to an average of 5% increases from the ANCG Highest Average Salary at the time of transfer.</p> |

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Pension Plan for Salaried Employees  
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Preretirement Spouse's Annuity  
Eligibility

Any vested participant (active or terminated).

Total Benefit

For a participant who is eligible for early or normal retirement, the benefit is an immediate annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he retired the day before his death and elected the 50% J&S option.

For all other vested participants, the benefit is a deferred annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he terminated employment on the date of his death, survived to early retirement age, elected the 50% J&S option, and then died the following day.

ANCG Offset

The ANCG portion of the benefit will be based on service with ANCG and the Highest Average Salary upon death or termination from PPPI, whichever comes earlier. Highest Average Salary for the ANCG portion of the benefit is limited to an average of 5% increases from ANCG Highest Average Salary at the time of participant transfer.

Normal Form of Annuity

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

Optional Forms of Payment

Joint and Survivor: 50%, 66  $\frac{2}{3}$ %, 75%, 100%.  
Certain & Life: 5 year, 10 year.

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

Highest Average Salary

The average monthly compensation for the 60 consecutive months of service affording the highest such average monthly compensation.

Primary Social Security Benefit

The monthly amount to which an employee is or would be entitled, assuming that he would continue to receive, until he reached 65, compensation at the same rate as in effect on the date of termination.

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Past Service Limitation:

|                                           | Division                           | Location          | Past Service Date |
|-------------------------------------------|------------------------------------|-------------------|-------------------|
| For Former NCC Salaried Plan 2 Locations: | Dura-Closure                       | Hutchinson        | 08/19/1974        |
|                                           |                                    | Consolidated Cork | 02/25/1971        |
|                                           |                                    | Bedford Park, CA  | 03/01/1980        |
|                                           |                                    | Bernardin, IN     | 03/06/1980        |
|                                           | NCC-Glass                          | Oil City          | 08/11/1969        |
|                                           |                                    | Shawmut           | 08/31/1970        |
|                                           |                                    | Kerr              | 09/19/1983        |
|                                           | NCC-MCD Plastic Container Division | Kaiser            | 03/07/1983        |
|                                           |                                    |                   | 08/01/1979        |
| For ANC Salaried Plan Locations:          | Color-Ad                           |                   | 04/01/1988        |
|                                           | Ludlow                             |                   | 12/01/1987        |
|                                           | Longview                           |                   | 01/11/1991        |
|                                           | Winston-Salem                      |                   | 07/01/1993        |
|                                           | Asheville                          |                   | 04/01/1995        |
| For PPPI Salaried Plan Locations:         | Kenpak                             |                   | 01/01/2000        |
|                                           | JPS                                |                   | 07/01/2001        |
|                                           | Phoenix                            |                   | 02/02/2002        |

Compensation

Compensation shall include base salary, 401(k) or section 125 salary reductions, overtime, commissions and shift premium payments, and non-deferred incentive awards paid during the year. Compensation does not include any flexible amount regardless of whether received in cash.

Effective January 1, 2002, EGTRRA increased the Internal Revenue Code Section 415 limit to \$160,000 and the limit on compensation to \$200,000. The \$200,000 pay limit was applied retroactively for participants who were active as of January 1, 2002.

All Section 415 and Section 401(a)(17) limit changes over the last five years were reflected in the actuarial valuation in the year the limit was changed.

Schedule SB Attachment (Form 5500)—2010 Plan Year  
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Special Provisions Applicable to Former Nonhighly-Compensated  
Members of the American National Can Group Retirement Plan  
for Salaried Employees—Plan 1  
(i.e., former ACPI Salaried Plan)

Note: Eligibility for these special provisions is based on service in the ANCG Salaried Plan, but the actual monthly retirement benefit and the annual salary is based on accredited service and salary as of December 31, 1988 (under the terms of the ACPI Salaried Plan then in effect).

PPPI assumes all liabilities under the ANC 25-Year Survivorship and ANCG 10-Year Survivorship Plan in respect to PPPI employees transferring from ANC.

Survivor Income Benefit

Eligibility

The following requirements must be met at death:

Hired before January 1, 1979

Ten years of service

Employee is active, on leave, on long-term or short-term disability, and

Not covered by the Survivorship Benefit.

Total Benefit

For death before age 55: a monthly benefit of \$100 payable to the employee's age 55. After the employee's age 55, a monthly benefit equal to the greatest of \$100, 15% of the monthly retirement benefit (as if retired on date of death), or the Preretirement Spouse's Benefit.

For death after age 55: a monthly benefit equal to the greatest of \$100, 15% of the monthly retirement benefit (as if retired on date of death), or the Preretirement Spouse's Benefit.

Survivorship Benefit

Eligibility

The following requirements must be met at death:

Employed on or before April 30, 1975

25 years of service before age 65, and

Either active, on long-term or short-term disability, or an early retiree (does not include vested terminations).

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Alcan Pension Plan for Salaried Employees  
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|                                |                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Benefit                  | An amount calculated from a benefit base of two times frozen annual salary (base pay plus salary reductions only). If the benefit base is greater than \$5,000, the amount shall be paid in monthly installments to a beneficiary in such amounts as would have been payable had the benefit base been used to purchase a straight life annuity from an insurance company. |
| Covered Work Force Realignment | An employee separated due to work force realignment and covered by the severance pay provisions may be eligible for special retirement benefits if certain other conditions are met (employed on August 31, 1985, at least age 50, and eight years of accredited service at separation).                                                                                   |
| Employee Contributions         | None required since 1972.                                                                                                                                                                                                                                                                                                                                                  |
| Other Workforce Reductions     | Any subsidy or enhancement granted to PPPI employees as part of a workforce reduction will be PPPI's responsibility. In other words, the ANC Former Plan #020 will not provide additional benefits due to workforce reduction initiatives.                                                                                                                                 |
| Commencement of Benefits       | PPPI employees may not commence benefits (ANCG or PPPI benefits) until they have terminated or retired from PPPI.                                                                                                                                                                                                                                                          |

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Pension Plan for Salaried Employees  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the salary increase assumption from 3.0% to 4.0% for the short term assumption. No change was made for the long term assumption. The change was made to better reflect the anticipated plan experience.
- The retirement rate assumption was updated to better reflect anticipated future experience as a result of the expected sales of certain Rio Tinto Alcan businesses during 2010.
- The withdrawal rate assumption was updated to better reflect anticipated future experience as a result of the expected sales of certain Rio Tinto Alcan businesses during 2010.

The non-prescribed assumption changes reduced the funding target liability. However, the funding target liability was reduced by less than \$5 million; as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Pension Plan for Salaried Employees  
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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method changes:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with a four-month lookback (5.03%, 6.73%, and 6.82% as of September 2009).

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

Schedule SB Attachment (Form 5500)—2010 Plan Year  
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Schedule SB, line 32—Schedule of Amortization Bases

| <b>Type Of Base</b> | <b>Present Value of<br/>Installments</b> | <b>Valuation Date<br/>Established</b> | <b>Remaining Years<br/>in Amortization<br/>Period</b> | <b>Amortization<br/>Amount</b> |
|---------------------|------------------------------------------|---------------------------------------|-------------------------------------------------------|--------------------------------|
| Shortfall           | \$3,384,245                              | January 1, 2010                       | 7                                                     | \$569,542                      |

Schedule SB Attachment (Form 5500)—2010 Plan Year  
Alcan Career Pension Plan  
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Number of Participants and Average Compensation

| 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          | 3                         | 8               |                 |                 |       |                 |                 |                 |       |     |
| 25-29        | 4                         | 51<br>\$59,784  | 7               |                 |       |                 |                 |                 |       |     |
| 30-34        | 4                         | 54<br>\$73,163  | 19              | 2               |       |                 |                 |                 |       |     |
| 35-39        | 3                         | 61<br>\$80,986  | 25<br>\$93,611  | 17              | 5     | 1               |                 |                 |       |     |
| 40-44        | 8                         | 77<br>\$91,758  | 34<br>\$112,524 | 24<br>\$100,192 | 15    | 6               | 1               |                 |       |     |
| 45-49        | 4                         | 81<br>\$95,699  | 50<br>\$111,738 | 29<br>\$130,249 | 6     | 25<br>\$109,226 | 16              | 1               |       |     |
| 50-54        | 3                         | 76<br>\$108,543 | 31<br>\$113,673 | 14              | 10    | 22<br>\$110,557 | 34<br>\$103,844 | 7               | 2     |     |
| 55-59        |                           | 40<br>\$96,393  | 25<br>\$115,200 | 12              | 12    | 9               | 17              | 25<br>\$103,856 | 5     |     |
| 60-64        |                           | 23<br>\$100,749 | 10              | 4               | 1     | 5               | 1               | 7               | 8     | 1   |
| 65-69        |                           | 6               | 3               | 1               | 1     | 1               | 1               |                 |       |     |
| 70+          |                           | 1               |                 |                 |       |                 |                 |                 |       |     |

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