

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HOLCIM (US) INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HOLCIM (US) INC.</u> <u>P.O. BOX 122, 6211 N. ANN ARBOR RD.</u> <u>DUNDEE, MI 48131-0122</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2943735</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-529-2411</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2943735</u>	2c Sponsor's telephone number <u>734-529-2411</u>	2d Business code (see instructions) <u>327300</u>	
2b Employer Identification Number (EIN) <u>38-2943735</u>					
2c Sponsor's telephone number <u>734-529-2411</u>					
2d Business code (see instructions) <u>327300</u>					

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2013	RUSSELL WILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>DELOITTE TAX LLP</u> <u>180 EAST BROAD STREET</u> <u>COLUMBUS, OH 43215-3611</u>			Preparer's telephone number (optional) <u>614-221-1000</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 5117
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1989
b Retired or separated participants receiving benefits.....	6b	1770
c Other retired or separated participants entitled to future benefits.....	6c	1423
d Subtotal. Add lines 6a , 6b , and 6c	6d	5182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	376
f Total. Add lines 6d and 6e	6f	5558
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1G 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

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

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

(a) Name of insurance carrier

AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	002618	5558	01/01/2012	12/31/2012

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 154085**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 161737**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 9453(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 9453**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 171190**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 9103(2) Administration charge made by carrier **7e(2)** 7870(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 132

▶ PRIOR PERIOD INTEREST RATE CHANGES

(5) Total deductions **7e(5)** 17105**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 154085

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
<div>Round off amounts to nearest dollar.</div> <div>Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</div>		
A Name of plan HOLCIM (US) INC. PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOLCIM (US) INC.		D Employer Identification Number (EIN) 38-2943735
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		
Part I Basic Information		
1 Enter the valuation date: Month 01 Day 01 Year 2012		
2 Assets:		
a Market value		2a 208751407
b Actuarial value		2b 209337329
3 Funding target/participant count breakdown:		
(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 2029	94507900
b For terminated vested participants	3b 1203	38470137
c For active participants:		
(1) Non-vested benefits	3c(1)	253868
(2) Vested benefits	3c(2)	109158684
(3) Total active	3c(3) 1885	109412552
d Total	3d 5117	242390589
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☒		
a Funding target disregarding prescribed at-risk assumptions	4a	232234079
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	257625355
5 Effective interest rate	5	6.88 %
6 Target normal cost	6	10225946
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		10/09/2013
Signature of actuary		Date
MICHAEL J. GAGLIARDI		11-06815
Type or print name of actuary		Most recent enrollment number
TOWERS WATSON DELAWARE INC.		617-638-3700
Firm name		Telephone number (including area code)
800 BOYLSTON ST. PRUDENTIAL CENTER, SUITE 600 BOSTON, MA 02199-8103		
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) 2012 v. 120126		

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.57</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3702446
b Interest on (a) using prior year's effective interest rate of <u>6.13</u> % except as otherwise provided (see instructions)		226960
c Total available at beginning of current plan year to add to prefunding balance		3929406
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.14 %
15 Adjusted funding target attainment percentage	15	90.14 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	76.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2012	3250000		09/11/2013	5820000	
07/12/2012	3250000				
10/11/2012	4337859				
01/14/2013	5334000				
04/12/2013	4682000				
07/12/2013	1420000				
			Totals ►	18(b)	28093859
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26206500
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	10225946	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	33053260	5729990	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	15955936	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	15955936	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	26206500	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10250564	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☒ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	1591212	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PYRAMIS GLOBAL ADV TRUST COMPANY

20-4659714

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
FIDELITY MANAGEMENT TRUST COMPANY

04-3022712

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FIDELITY MANAGEMENT TRUST COMPANY

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 28 50 51	NONE	782304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

38-2943735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	311193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INV. INST. OPS. CO., INC.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	218765	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WARNER NORCROSS & JUDD

38-1422647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE TAX LLP

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS DIV. ALPA LRG. CAP POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-047</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45417636</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS INT. DUR. COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16317350</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS REIT COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9122613</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FMTC US EQUITY INDEX POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>04-3022712-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45413970</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS BROAD MARKET POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16318937</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SELECT INTL EQUITY POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29556899</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS LONG DUR. COMM. POOL</u>			
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>			
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29887577</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SM/MID CAP CORE COMM. POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28945201
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>HOLCIM (US) INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOLCIM (US) INC.</u>	D Employer Identification Number (EIN) <u>38-2943735</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9023982	17256000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	280	16942080
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1722973	4035765
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	195366757	220980183
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	161737	154089
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	206275729	259368117

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	206275729	259368117
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	30842651	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	4205	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30846856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4588	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9453	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14041
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29500251
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		60361148

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22163406	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		22163406
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	332601	
(2) Contract administrator fees	2i(2)	218765	
(3) Investment advisory and management fees	2i(3)	782304	
(4) Other	2i(4)	713294	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2046964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24210370

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		36150778
l Transfers of assets:			
(1) To this plan.....	2l(1)		16941610
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>216</u>

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 0% Investment-Grade Debt: 98% High-Yield Debt: 0% Real Estate: 0% Other: 2%

- 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 line 19(b)?

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

Holcim (US) Inc. Pension Plan

Financial Report
December 31, 2012

Holcim (US) Inc. Pension Plan

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Holcim (US) Inc. Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2012 and 2011 that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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

Emphasis of Matter - Prior Year Restatement

As described in Note 9 to the financial statements, the 2011 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2012 and reportable transactions for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Toledo, Ohio
October 9, 2013

Holcim (US) Inc. Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2012	December 31, 2011 (as restated)
Assets		
Investments:		
Money market fund	\$ 4,035,765	\$ 1,722,973
Common collective trust funds	220,980,183	195,366,757
Guaranteed investment contract	154,089	161,737
Total investments	225,170,037	197,251,467
Contributions receivable:		
Receivable from Aggregate Industries, Inc. Pension Plan merger (Note 8)	16,941,610	-
Employer contributions receivable	17,256,000	11,772,774
Total contributions receivable	34,197,610	11,772,774
Accrued interest	470	280
Net Assets Available for Benefits	\$ 259,368,117	\$ 209,024,521

Holcim (US) Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2012	December 31, 2011 (as restated)
Additions to Net Assets		
Contributions::		
Employer	\$ 28,093,859	\$ 24,256,614
Other	4,205	-
Total contributions	28,098,064	24,256,614
Investment income:		
Interest and dividends	4,588	3,490
Net investment gain from guaranteed investment contract	9,453	10,270
Net realized and unrealized gains on investments in common collective trust funds	29,500,251	5,907,997
Total investment income	29,514,292	5,921,757
Total additions	57,612,356	30,178,371
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	22,163,406	15,299,417
Administrative expenses	2,046,964	1,989,159
Total deductions	24,210,370	17,288,576
Net Increase Before Other Changes	33,401,986	12,889,795
Transfers from Aggregate Industries, Inc. Pension Plan (Note 8)	16,941,610	-
Net Increase	50,343,596	12,889,795
Net Assets Available for Benefits		
Beginning of year	209,024,521	196,134,726
End of year	<u>\$ 259,368,117</u>	<u>\$ 209,024,521</u>

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 1 - Plan Description

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

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

Effective June 20, 2010, the Plan was amended to include the hourly employees included in the collective bargaining agreement between Holcim (US) Inc. as successor to St. Lawrence Cement Co., LLC and the Cement, Lime, Gypsum and Allied Division of the International Brotherhood of Boilermakers Local Lodge D 50, Catskill, New York.

Effective January 1, 2011, the Plan was amended to include the hourly employees included in the collective bargaining agreement between Holcim (US) Inc. as successor to St. Lawrence Cement Co., LLC and the Local 2-00033 of the Paper, Allied Industrial Chemical and Energy Workers International (PACE) District Counsel No. 1.

Effective as of the close of business on December 31, 2012, the assets of Aggregate Industries, Inc. Pension Plan (the "AI Plan") merged into this plan (see Note 8).

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

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

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

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 1 - Plan Description (Continued)

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

Contributions - All contributions are made by the Company and are determined on an actuarial basis to provide the Plan with assets sufficient to meet future benefit payments. The Company's present intention is to make annual contributions in amounts sufficient to fund the annual year's service cost plus amortization of prior service costs under the regular minimum funding basis prescribed by ERISA. The Plan has met the ERISA minimum funding requirements for both 2012 and 2011.

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

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

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which are based on the fair value of the funds' underlying net assets. The investment contract with Aetna Life Insurance Company is presented at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The money market fund is valued at quoted market prices. See Note 3 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses - All costs and expenses incurred with regard to investment transactions are borne by the Plan. All other administrative expenses may be paid from the assets of the Plan or by the Company. For 2012 and 2011, various administrative costs were paid by the Company.

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

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

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

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

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2011 and 2010 are summarized as follows:

Actuarial cost method	- Projected unit credit
Assumed rate of return	- 8.0 percent per annum
Mortality basis	<ul style="list-style-type: none">- 2011 Separate rates for non-annuitants - based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA and annuitants - based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA- 2010 Separate rates for non-annuitants - based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA and annuitants - based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA
Compensation increase rate	- Age based
Retirement	- Age 65

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

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

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

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 9, 2013, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2012 and 2011 and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 3 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

	Level 1	Level 2	Balance at December 31, 2012
Investments:			
Money market fund - Short-term investment	\$ 4,035,765	\$ -	\$ 4,035,765
Common collective trust funds:			
Equity investments - U.S. (1)	-	119,776,807	119,776,807
Equity investments - International (1)	-	29,556,899	29,556,899
Fixed-income investments (2)	-	62,523,864	62,523,864
Real estate investments (3)	-	9,122,613	9,122,613
Guaranteed investment contract	-	154,089	154,089
Total	<u>\$ 4,035,765</u>	<u>\$ 221,134,272</u>	<u>\$ 225,170,037</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Level 1	Level 2	Balance at December 31, 2011
Investments:			
Money market fund - Short-term investment	\$ 1,722,973	\$ -	\$ 1,722,973
Common collective trust funds:			
Equity investments - U.S. (1)	-	106,544,849	106,544,849
Equity investments - International (1)	-	22,333,124	22,333,124
Fixed-income investments (2)	-	58,396,942	58,396,942
Real estate investments (3)	-	8,091,842	8,091,842
Guaranteed investment contract	-	161,737	161,737
Total	<u>\$ 1,722,973</u>	<u>\$ 195,528,494</u>	<u>\$ 197,251,467</u>

- (1) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in an actively managed common collective trust funds with investments in real estate. The investments may include real estate property or real estate investment trusts.

There were no unfunded commitments or redemption restrictions on the investments described above.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2012 and 2011.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 3 - Fair Value Measurements (Continued)

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer contributions receivable and accrued income. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to either the short maturity of the instruments or the use of interest rates that approximate market rates for instruments of similar maturity.

Note 4 - Unaudited Information

The investment custodian of the Plan, Fidelity Management Trust Company, holds the Plan's investments, other than the guaranteed investment contract, and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements and schedule of assets held at end of year, other than the guaranteed investment contract are based solely on information provided by Fidelity Management Trust Company.

The Plan's investment in the guaranteed investment contract totaling \$154,089 and \$161,737 at December 31, 2012 and 2011, respectively, and related investment income of \$9,453 and \$10,270 for the years ended December 31, 2012 and 2011, respectively, was not certified by Fidelity Management Trust Company.

Significant investments as of year end are as follows:

	2012	2011
Common collective trust funds:		
Pyramis SM/MD CP Core CM Pool	\$ 28,945,201	\$ 25,160,239
Pyramis Interm Dur Pool	16,317,350	14,501,927
FMTC US Equity Index Pool	45,413,970	40,845,136
Pyramis Broad Market Pool	16,318,937	14,561,028
Pyramis Select INTL Equity Pool	29,556,899	22,333,124
Pyramis Diversified ALP LG Cap	45,417,636	40,539,474
Pyramis Long Duration	29,887,577	29,333,987

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 5 - Benefit Obligations

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the postretirement benefit obligation attributable to participants in the Plan and the summary of significant changes in the obligation, which were made as of and for the years ended December 31, 2011 and 2010, the most recent actuarial valuations, are as follows:

	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 87,128,783	\$ 82,341,224
Participating employees	95,745,456	89,476,044
Participants with deferred benefits	33,105,157	32,794,685
Total vested benefits	215,979,396	204,611,953
Nonvested benefits	199,523	1,474,261
Total actuarial present value of accumulated plan benefits	<u>\$ 216,178,919</u>	<u>\$ 206,086,214</u>
	2011	2010
Actuarial present value of accumulated plan benefits:		
Balance - Beginning of year	\$ 206,086,214	\$ 207,938,950
Increase (decrease) during the year attributable to:		
Benefits accumulated	7,841,548	10,681,092
Actuarial losses (gains)	1,048,330	(12,786,347)
Decrease in the discount period	16,502,244	16,825,945
Benefits paid	(15,299,417)	(16,573,426)
Net increase (decrease)	10,092,705	(1,852,736)
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 216,178,919</u>	<u>\$ 206,086,214</u>

The present value of accrued benefits is calculated on an ongoing plan basis and does not represent the amount required in the event of plan termination. The accumulated plan benefits as of December 31, 2011, noted above do not include any accumulated plan benefits from the AI Plan merger as described in Note 8.

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 6 - Tax Status

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

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

Note 7 - Plan Termination

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

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

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

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 8 - Plan Merger

In December 2012, the Aggregate Industries, Inc. Pension Plan, a plan sponsored by the Company, was merged and combined with the Holcim (US) Inc. Pension Plan. Accordingly, assets of approximately \$17,000,000 were transferred into the Plan on December 31, 2012. As the valuation date of the Plan's accumulated plan benefit obligations is as of January 1, 2012 and the merger was not effective until December 31, 2012, the effects of this merger are not included in the valuation of accumulated plan benefits as of January 1, 2012 disclosed in Note 5. All pension benefit obligations of the Aggregate Industries, Inc. Pension Plan, which approximated \$25,218,000 as determined from an actuarial valuation as of January 1, 2012, were transferred into the Plan as of December 31, 2012.

Note 9 - Prior Period Adjustment

The 2011 financial statements have been restated to correct an error in reporting contribution revenue and related receivables that were not recognized. Contributions and contributions receivable as of and for the year ended December 31, 2011 were increased by \$2,748,792. The effect of the adjustment was to increase net assets available for benefits at December 31, 2011 and the net increase in net assets for available for benefits for the year then ended by \$2,748,792.

The net assets available for benefits have been restated as follows:

Net assets available for benefits - December 31, 2011 - As previously reported	\$ 206,275,729
Prior period adjustment to record additional employer contribution receivable and employer contributions	<u>2,748,792</u>
Net assets available for benefits - December 31, 2011 - As restated	<u>\$ 209,024,521</u>

Note 10 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to Form 5500:

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements	\$ 259,368,117	\$ 209,024,521
Adjustment to 2011 contributions receivable (see Note 9)	<u>-</u>	<u>(2,748,792)</u>
Net assets available for benefits per Form 5500	<u>\$ 259,368,117</u>	<u>\$ 206,275,729</u>

Holcim (US) Inc. Pension Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 10 - Reconciliation to Form 5500 (Continued)

The following is a reconciliation of contribution revenue per the financial statements for the years ended December 31, 2012 and 2011 to Form 5500:

	<u>2012</u>	<u>2011</u>
Contribution revenue per the financial statements	\$ 28,098,064	\$ 24,256,614
Adjustment to 2011 contributions receivable (see Note 9)	<u>2,748,792</u>	<u>(2,748,792)</u>
Contribution revenue per Form 5500	<u>\$ 30,846,856</u>	<u>\$ 21,507,822</u>

Holcim (US) Inc. Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-2943735, Plan No. 001 December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fidelity Management Trust Company	Money market fund - Fidelity INSTL CSH M CL A	\$ 4,035,764	\$ 4,035,765
Fidelity Management Trust Company	Common collective trust funds:		
	Pyramis Interm Dur Pool	13,103,068	16,317,350
	Pyramis REIT Pool	5,311,119	9,122,613
	FMTC US Equity Index Pool	34,609,758	45,413,970
	Pyramis Broad Market Pool	12,510,104	16,318,937
	Pyramis Select INTL Equity Pool	23,696,981	29,556,899
	Pyramis Diversified ALP LG Cap	35,986,263	45,417,636
	Pyramis Long Duration	20,630,985	29,887,577
	Pyramis SM/MD CP Core CM Pool	20,258,130	28,945,201
Aetna Life Insurance Company	Guaranteed investment contract - Fixed-income fund	154,089	154,089
	Total	<u>\$ 170,296,261</u>	<u>\$ 225,170,037</u>

Holcim (US) Inc. Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-2943735, Plan No. 001 Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
	Fidelity INSTL CSH M CL A - Money market fund:					
	Purchases - 45	\$ 11,440,460	\$ -	\$ 11,440,460	\$ 11,440,460	\$ -
	Sales - 47	-	9,127,667	9,127,667	9,127,667	-
	FMTC US Equity Index Pool:					
	Purchases - 6	4,268,487	-	4,268,487	4,268,487	-
	Sales - 13	-	6,183,180	4,831,793	6,183,180	1,351,387
	Pyramis Diversified ALP LG Cap:					
	Purchases - 7	4,663,154	-	4,663,154	4,663,154	-
	Sales - 12	-	5,742,525	4,610,132	5,742,525	1,132,393

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2012****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan HOLCIM (US) INC. PENSION PLAN**1b** Three-digit plan number (PN) ► 001**1c** Effective date of plan 01/01/1991**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
HOLCIM (US) INC.**2b** Employer Identification Number (EIN)
38-2943735**2c** Sponsor's telephone number
(734) 529-2411**2d** Business code (see instructions)
327300

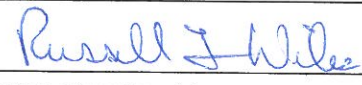
P.O. BOX 122, 6211 N. ANN ARBOR RD.

DUNDEE

MI 48131-0122

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			RUSSELL WILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			RUSSELL WILES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) DELOITTE TAX LLP 180 EAST BROAD STREET COLUMBUS OH 43215-3611			Preparer's telephone number (optional) (614) 221-1000

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

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 5, 117
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 1, 989
b Retired or separated participants receiving benefits	6b 1, 770
c Other retired or separated participants entitled to future benefits.....	6c 1, 423
d Subtotal. Add lines 6a , 6b , and 6c	6d 5, 182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 376
f Total. Add lines 6d and 6e	6f 5, 558
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1G 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

**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

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► Round off amounts to nearest dollar.

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

A Name of plan

Holcim US Inc. Pension Plan

B Three-digit
plan number (PN) ►

001

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

Holcim US Inc.

D Employer Identification Number (EIN)

38-2943735

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2012**2** Assets:**a** Market value **2a** 208,751,407**b** Actuarial value **2b** 209,337,329**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 2,029 94,507,900**b** For terminated vested participants **3b** 1,203 38,470,137**c** For active participants:(1) Non-vested benefits **3c(1)** 253,868(2) Vested benefits **3c(2)** 109,158,684(3) Total active **3c(3)** 1,885 109,412,552**d** Total **3d** 5,117 242,390,589**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☒**a** Funding target disregarding prescribed at-risk assumptions **4a** 232,234,079**b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b** 257,625,355**5** Effective interest rate **5** 6.88 %**6** Target normal cost **6** 10,225,946**Statement by Enrolled Actuary**

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

**SIGN
HERE**Michael J. Gagliardi *MJG*

Signature of actuary

10/9/2013

Date

Michael J Gagliardi

Type or print name of actuary

11-06815

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(617) 638-3700

Telephone number (including area code)

800 Boylston St
Prudential Center, Suite 600
Boston

MA 02199-8103

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.57</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,702,446
b Interest on (a) using prior year's effective interest rate of <u>6.13</u> % except as otherwise provided (see instructions)		226,960
c Total available at beginning of current plan year to add to prefunding balance		3,929,406
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.14 %
15 Adjusted funding target attainment percentage	15	90.14 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	76.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2012	3,250,000		09/11/2013	5,820,000	
07/12/2012	3,250,000				
10/11/2012	4,337,859				
01/14/2013	5,334,000				
04/12/2013	4,682,000				
07/12/2013	1,420,000				
Totals ▶			18(b)	28,093,859	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 26,206,500
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	10,225,946
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment.....		33,053,260	5,729,990
b Waiver amortization installment			0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	15,955,936
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	15,955,936
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	26,206,500
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	10,250,564
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☒ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	1,591,212
43 Excess installment acceleration amount to be carried over to future plan years		43	0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Holcim (US) Inc.
EIN/PN	38-2943735/001
Plan Name	Holcim (US) Inc. Pension Plan
Valuation Date	January 1, 2012
Enrolled Actuary	Michael Gagliardi
Enrollment Number	11-06815

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 4

Additional Information for Plans in At-risk Status

Description of At-risk Assumption for Assumed Form of Payment

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Plan Name:	Holcim (US) Inc. Pension Plan
EIN / PN:	38-2943735 / 001
Plan Sponsor:	Holcim (US) Inc.
Valuation Date:	January 1, 2012

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2012

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

(a) Age	(b) Retirement Assumption As Fraction Those Attaining Age Shown	(c) Fraction of Those Attaining Earliest Retirement Age Still Not Retired At Beginning of Year	(d) Fraction of Original Group Retiring At Age Shown	(e) Fraction of Those Attaining Earliest Retirement Age Still Not Retired at End of Year	(f) Ages with Non-Zero Retirement Probability	(g) (d) x (f)
43	0.0000	1.0000	0.0000	1.0000	0	0.0000
44	0.0000	1.0000	0.0000	1.0000	0	0.0000
45	0.0000	1.0000	0.0000	1.0000	0	0.0000
46	0.0000	1.0000	0.0000	1.0000	0	0.0000
47	0.0000	1.0000	0.0000	1.0000	0	0.0000
48	0.0000	1.0000	0.0000	1.0000	0	0.0000
49	0.0000	1.0000	0.0000	1.0000	0	0.0000
50	0.0000	1.0000	0.0000	1.0000	0	0.0000
51	0.0000	1.0000	0.0000	1.0000	0	0.0000
52	0.0000	1.0000	0.0000	1.0000	0	0.0000
53	0.0000	1.0000	0.0000	1.0000	0	0.0000
54	0.0000	1.0000	0.0000	1.0000	0	0.0000
55	0.0700	1.0000	0.0700	0.9300	55	3.8500
56	0.0700	0.9300	0.0651	0.8649	56	3.6456
57	0.0700	0.8649	0.0605	0.8044	57	3.4510
58	0.0700	0.8044	0.0563	0.7481	58	3.2657
59	0.0700	0.7481	0.0524	0.6957	59	3.0895
60	0.1500	0.6957	0.1044	0.5913	60	6.2612
61	0.0700	0.5913	0.0414	0.5499	61	2.5250
62	0.3000	0.5499	0.1650	0.3850	62	10.2289
63	0.2500	0.3850	0.0962	0.2887	63	6.0631
64	0.2500	0.2887	0.0722	0.2165	64	4.6195
65	1.0000	0.2165	0.2165	0.0000	65	14.0751
66	1.0000	0.0000	0.0000	0.0000	0	0.0000
67	1.0000	0.0000	0.0000	0.0000	0	0.0000
68	1.0000	0.0000	0.0000	0.0000	0	0.0000
69	1.0000	0.0000	0.0000	0.0000	0	0.0000
70	1.0000	0.0000	0.0000	0.0000	0	0.0000

Weighted Average Retirement Age, Sum of Column (g):

61.0746

Plan Name: Holcim (US) Inc. Pension Plan
 EIN / PN: 38-2943735 / 001
 Plan Sponsor: Holcim (US) Inc.
 Valuation Date: January 1, 2012

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Holcim (US) Inc.

EIN/PN

38-2943735/001

Discount Rates

Current plan year PPA effective interest rate: 6.88%

Prior plan year PPA effective interest rate: 6.13%

3-Segment Rates

Applicable month: September

Transition election: No

Assumed Cost of Living Adjustments

None

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is \$1,200,000.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2012

SCHEDULE SB ATTACHMENTS (cont.)

Mortality

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

Disabled Mortality

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

Retirement

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

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

Disability Rates (per 100 employees)

Disability rates

I. For Salaried Employees:

Wyatt 1985 Disability Study Class 1 male and female rates.

II. For Hourly Employees:

Wyatt 1985 Disability Study Class 2 male and female rates.

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
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SCHEDULE SB ATTACHMENTS (cont.)

Compensation Increases

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

Representative rates are noted below:

Age	Salaried	Hourly
20	0.090	0.0700
25	0.084	0.0700
30	0.074	0.0640
35	0.064	0.0570
40	0.054	0.0520
45	0.047	0.0470
50	0.039	0.0435
55	0.031	0.0425
60	0.026	0.0410
65	0.022	0.0400

Future Increases in Social Security

Social security benefits are assumed to increase in the future due to increases in the national average wage index of 3.50% per year, compounded annually, and due to increases in the cost of living of 3.00% per year, compounded annually.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Calculation of Lump Sum

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

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

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SCHEDULE SB ATTACHMENTS (cont.)

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

According to the illustrative schedule shown below:

I. For Hourly Employees

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

II. For Salaried Employees

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

Form of Payment

Participants are assumed to elect the lump sum form of payment.

Marriage

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

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

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SCHEDULE SB ATTACHMENTS (cont.)

Employees

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

Plan Compensation

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

Asset Method

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

Participant Data

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

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2012 is used to determine the maximum deductible contribution for the tax year ending December 31, 2012.

Benefits not Included in Valuation

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

PBGC Premium Funding Target

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

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SCHEDULE SB ATTACHMENTS (cont.)

Nature of Actuarial Calculations

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

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2012

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	19		15		1		0		0		0		0		0		0		0	
25 - 29	13		55	60,032	34	65,515	0		0		0		0		0		0		0	
30 - 34	14		74	67,620	61	67,261	32	67,534	3		0		0		0		0		0	
35 - 39	16		89	68,180	49	74,540	61	85,881	15		1		0		0		0		0	
40 - 44	14		89	71,866	47	85,023	71	81,250	30	84,304	21	83,666	0		0		0		0	
45 - 49	12		81	82,539	49	88,039	61	74,849	36	83,314	32	74,166	11		2		0		0	
50 - 54	7		70	77,480	40	112,455	50	78,875	33	72,008	31	86,712	20	73,969	27	74,155	1		0	
55 - 59	4		55	71,697	29	87,720	30	81,838	33	82,523	32	83,262	21	101,393	41	85,933	40	75,224	0	
60 - 64	5		28	77,930	12		6		17		19		7		29	76,240	39	77,504	16	
65 - 69	1		3		2		3		3		2		2		4		5		7	
70 & Over	0		1		0		0		0		0		0		0		1		1	

Plan Name: Holcim (US) Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2012

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		15		1		0		0		0		0		0		0		0	
25 - 29	0		55	4,672	34	10,287	0		0		0		0		0		0		0	
30 - 34	0		74	6,667	61	13,995	32	24,111	3		0		0		0		0		0	
35 - 39	0		89	8,516	49	19,850	61	35,921	15		1		0		0		0		0	
40 - 44	0		89	12,606	47	31,496	71	47,081	30	57,617	21	66,950	0		0		0		0	
45 - 49	0		81	18,248	49	39,108	61	57,160	36	81,854	32	81,595	11		2		0		0	
50 - 54	0		70	20,407	40	69,860	50	80,654	33	88,004	31	122,910	20	120,426	27	131,844	1		0	
55 - 59	0		55	19,752	29	66,018	30	97,469	33	130,896	32	157,309	21	209,726	41	181,892	40	172,313	0	
60 - 64	0		28	22,880	12		6		17		19		7		29	192,827	39	220,244	16	
65 - 69	0		3		2		3		3		2		2		4		5		7	
70 & Over	0		1		0		0		0		0		0		0		1		1	

Plan Name: Holcim (US) Inc. Pension Plan
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 Plan Sponsor: Holcim (US) Inc.
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2012

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2012	(21,881,438)	7	(21,881,438)	(3,713,817)
2	Shortfall	01/01/2011	21,217,070	6	18,221,864	3,490,832
3	Shortfall	01/01/2010	448,131	5	339,521	75,417
4	Shortfall	01/01/2009	39,497,474	11*	36,373,313	4,286,346
5	Installment Acceleration	01/01/2012	N/A	N/A	N/A	1,591,212
Total					33,053,260	5,729,990

* Election of pension relief using 15 year amortization

Plan Name:	Holcim (US) Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Holcim (US) Inc.

Plan

Holcim (US) Inc. Pension Plan

Effective Date and Most Recent Amendment

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

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

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

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

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

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

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

The plan was amended in 2010 to extend participation to Catskill union employees effective June 20, 2010 and Hagerstown union effective January 1, 2011.

The plan was amended in 2011 to cease benefit accruals for participants that first go out on Long Term Disability on or after January 1, 2012.

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SCHEDULE SB ATTACHMENTS (cont.)

Eligibility

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

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

The plan was amended to allow participation of unionized hourly employees of St. Lawrence Cement Co., LLC and the Cement, Lime, Gypsum and Allied Division of the International Brotherhood of Boilermakers Local Lodge D50, Catskill, New York effective on June 20, 2010.

The plan was amended to include Hagerstown union employees as of January 1, 2011.

Employees of Aggregate Industries are not eligible for the plan.

Normal Retirement Date

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

Service

All periods of employment with the employer measured on an elapsed time basis from the employee's date of hire to date of termination of employment. Prior SLC salaried plan participants earn Pension Credits from January 1, 2009. Prior plan benefits for these employees were frozen as of December 31, 2008. SLC union employees earn Pension Credits from June 20, 2010. Hagerstown union employees earn Pension Credits from January 1, 2011.

Average Annual Compensation

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

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SCHEDULE SB ATTACHMENTS (cont.)

Normal Retirement Benefit

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

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

Pension Credits

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

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

Offset for Certain Employees

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

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SCHEDULE SB ATTACHMENTS (cont.)

Minimum Retirement Benefit

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

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

Death Benefits

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

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

Disability Retirement Benefit

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

Deferred Termination of Service Benefit

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

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

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SCHEDULE SB ATTACHMENTS (cont.)

Employee Contributions

None.

Form of Benefit

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

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

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to cease benefit accruals for participants that first go out on Long Term disability on or after January 1, 2012.

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EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2012

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12/31/2012

The required attachment marked with an “X” in the Attachment column is included within the “Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		X
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11a	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11	Explanation of Interest Adj. for Excess Contribution Under Special Final Rule		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12/31/2012

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Plan Name	Holcim (US) Inc. Pension Plan
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5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		X
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11a	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11	Explanation of Interest Adj. for Excess Contribution Under Special Final Rule		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12/31/2012

The required attachment marked with an “X” in the Attachment column is included within the “Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		X
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11a	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11	Explanation of Interest Adj. for Excess Contribution Under Special Final Rule		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12/31/2012

The required attachment marked with an “X” in the Attachment column is included within the “Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		X
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11a	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 11	Explanation of Interest Adj. for Excess Contribution Under Special Final Rule		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12 / 31 / 2012

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

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

Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12/31/2012

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

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
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Plan Name	Holcim (US) Inc. Pension Plan
Plan Sponsor EIN	38-2943735
ERISA Plan #	001
Plan Year Ending	12 / 31 / 2012

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

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
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