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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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.

P.O. BOX 122, 6211 N. ANN ARBOR RD.
DUNDEE, MI 48131-0122

2b Employer Identification Number (EIN)
38-2943735

2c Sponsor's telephone number
734-529-2411

2d Business code (see instructions)
327300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ALYSE MARTINELLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ALYSE MARTINELLI
	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)
ELIZABETH I. WILTFONG

DELOITTE TAX LLP

1100 WALNUT STREET, SUITE 3300
KANSAS CITY, MO 64106-2129

Preparer's telephone number (optional)
816-474-6180

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	5558
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**	2003
b	Retired or separated participants receiving benefits	**6b**	1732
c	Other retired or separated participants entitled to future benefits	**6c**	1249
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	357
f	Total. Add lines **6d** and **6e**.	**6f**	5341
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	55
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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.

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	5341	01/01/2013	12/31/2013

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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	(c) Amount	**(d)** Purpose	

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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	

(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	145746
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	154085
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8614		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	8614
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	162699
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)	7834		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	16		
	▶ PRIOR PERIOD INTEREST RATE CHANGES				
	(5) Total deductions			7e(5)	16953
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	145746

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. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1	Enter the valuation date: Month _____ Day _____ Year _____			
2	Assets:			
	a Market value	**2a**		258957079
	b Actuarial value	**2b**		252402474
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	2146	103714831
	b For terminated vested participants	**3b**	1423	37359806
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		382985
	(2) Vested benefits	**3c(2)**		113580604
	(3) Total active	**3c(3)**	1989	113963589
	d Total	**3d**	5558	255038226
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**		
	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**		
5	Effective interest rate	**5**		6.21 %
6	Target normal cost	**6**		9535103

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/09/2014 Date
MICHAEL J GAGLIARDI Type or print name of actuary	14-06815 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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (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 14.44 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		10250564
	b Interest on (a) using prior year's effective interest rate of 6.88 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		10250564
	d Portion of (c) to be added to prefunding balance		2081000
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	2081000

Part III Funding Percentages

14	Funding target attainment percentage	14	98.15 %
15	Adjusted funding target attainment percentage	15	98.15 %
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	90.14 %
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
04/12/2013	2172000				
07/12/2013	2172000				
01/14/2014	2172000				
04/14/2014	6432000				
07/15/2014	6432000				
09/12/2014	8600000				
			Totals ► 18(b)	27980000	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	25858804

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is 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**	0
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**	9535103
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4716752	117509
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**	9652612

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2081000	2081000

36 Additional cash requirement (line 34 minus line 35)	**36**	7571612
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	25858804

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	18287192
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2081000
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**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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)

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).. . . . . [X] 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

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

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

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?
21 28 50 51	NONE	907366	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	490146	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	269997	Yes [ ] No [X]	Yes [ ] No [ ]		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)

FIA

2001 PENNSYLVANIA AVENUE N.W.
STE 600
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	189392	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PLANTE & MORAN

38-1357951

(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	29050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

125 OTTAWA AVENUE NE
STE 400
GRAND RAPIDS, MI 49503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	18750	Yes [ ] No [X]	Yes [ ] No [ ]		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	13035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY MANAGEMENT TRUST COMPANY	51	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMTC US EQUITY INDEX POOL 04-3022712	.18% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INV. INST. OPS. CO., INC.	15	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INST. MONEY MARKET FUND 04-2647786	.10% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HOLCIM (US) INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOLCIM (US) INC.

D Employer Identification Number (EIN)
38-2943735

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS DIV. ALPA LRG. CAP POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-047	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS INT. DUR. COMM. POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-014	C	24099797

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS REIT COMM. POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-005	C	8766008

a Name of MTIA, CCT, PSA, or 103-12 IE: FMTC US EQUITY INDEX POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-011	C	96675220

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS BROAD MARKET POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-012	C	24124687

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT INTL EQUITY POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-021	C	32728160

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG DUR. COMM. POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-053	C	43793843

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) 25539691

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SLT INTL SM CP COM PL

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

c EIN-PN 20-4659714-111	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15007778

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HOLCIM (US) INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLCIM (US) INC.

D Employer Identification Number (EIN)
38-2943735

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17256000	23636000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16942080	111
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4035765	2906804
(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)	220980183	270735184
(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)	154089	145746
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	259368117	297423845
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	259368117	297423845

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)	27980000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	7301	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		27987301
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2976	
	(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)	8614	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11590
	(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)		42867974
(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		70866865
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30392915	
(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)		30392915
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)	1427590	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	990632	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2418222
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32811137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38055728
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☒ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 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** 0

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): 04-6568107

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** 229

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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, 2013

Holcim (US) Inc. Pension Plan

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Schedule of Reportable Transactions	Schedule 2

plante moran

Plante & Moran, PLLC
3434 Granite Circle
Toledo, OH 43617
Tel: 419.843.6000
Fax: 419.843.6099
plantemoran.com

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, 2013 and 2012 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, 2013 and 2012 that the information provided to the plan administrator by the Trustee is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

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

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 audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 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 13, 2014

Holcim (US) Inc. Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2013	December 31, 2012
Assets		
Investments:		
Money market fund	$ 2,906,804	$ 4,035,765
Common collective trust funds	270,735,184	220,980,183
Guaranteed investment contract	145,746	154,089
Total investments	273,787,734	225,170,037
Contributions receivable:		
Receivable from Aggregate Industries, Inc. Pension Plan merger (Note 8)	-	16,941,610
Employer contributions receivable	23,636,000	17,256,000
Total contributions receivable	23,636,000	34,197,610
Accrued interest	111	470
Net Assets Available for Benefits	**$ 297,423,845**	**$ 259,368,117**

See Notes to Financial Statements.

Holcim (US) Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2013	Year Ended December 31, 2012
Additions to Net Assets		
Contributions:		
Employer	$ 27,980,000	$ 28,093,859
Other	7,301	4,205
Total contributions	27,987,301	28,098,064
Investment income:		
Interest and dividends	2,976	4,588
Net investment gain from guaranteed investment contract	8,614	9,453
Net realized and unrealized gains on investments in common collective trust funds	42,867,974	29,500,251
Total investment income	42,879,564	29,514,292
Total additions	70,866,865	57,612,356
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	30,392,915	22,163,406
Administrative expenses	2,418,222	2,046,964
Total deductions	32,811,137	24,210,370
Net Increase before Other Changes	38,055,728	33,401,986
Transfers From Aggregate Industries, Inc. Pension Plan	-	16,941,610
Net Increase	38,055,728	50,343,596
Net Assets Available for Benefits		
Beginning of year	259,368,117	209,024,521
End of year	**$ 297,423,845**	**$ 259,368,117**

See Notes to Financial Statements.

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"), 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, and 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. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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.

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.

Note 1 - Plan Description (Continued)

Contributions - All contributions are made by the Company and are determined on an actuarial basis to provide the Plan with assets sufficient to meet future benefit payments. The Company's present intention is to make annual contributions in amounts sufficient to fund the annual year's service cost plus amortization of prior service costs under the regular minimum funding basis prescribed by ERISA. The Plan has met the ERISA minimum funding requirements for both 2013 and 2012.

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.

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 2013 and 2012, 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:

Note 2 – Summary of Significant Accounting Policies (Continued)

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.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2012 are summarized as follows:

Actuarial cost method	- Projected unit credit
Assumed rate of return	- 8.0 percent per annum
Mortality basis	- Separate rates for non-annuitants - based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2028 using Scale AA and annuitants - based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2020 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.

Note 2 – Summary of Significant Accounting Policies (Continued)

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

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 13, 2014, 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, 2013 and 2012 and the valuation techniques used by the Plan to determine those 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, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

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.

Note 3 – Fair Value Measurements (Continued)

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.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Balance at December 31, 2013
Money market fund - Short-term investments	$ 2,906,804	$ -	$ 2,906,804
Common collective trust funds:			
Equity investments - U.S. (1)	-	122,214,911	122,214,911
Equity investments - International (1)	-	47,735,938	47,735,938
Fixed-income investments (2)	-	92,018,327	92,018,327
Real estate investments (3)	-	8,766,008	8,766,008
Guaranteed investment contract	-	145,746	145,746
Total	$ 2,906,804	$ 270,880,930	$ 273,787,734

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

	Level 1	Level 2	Balance at December 31, 2012
Money market fund - Short-term investments	$ 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 investment (3)	-	9,122,613	9,122,613
Guaranteed investment contract	-	154,089	154,089
Total	$ 4,035,765	$ 221,134,272	$ 225,170,037

(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 actively managed common collective trust funds with investments in real estate. The investments may include real estate property or real estate investment trusts.

Note 3 - Fair Value Measurements (Continued)

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 2013 and 2012.

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 the short maturity of the instruments.

Note 4 - Unaudited Information

Fidelity Management Trust Company (the "Trustee") 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 the Trustee.

The Plan's investment in the guaranteed investment contract totaling $145,746 and $154,089 at December 31, 2013 and 2012, respectively, and related investment income of $8,614 and $9,453 for the years ended December 31, 2013 and 2012, respectively, were not certified by Fidelity Management Trust Company.

Significant investments as of year end are as follows:

	2013	2012
Common collective trust funds:		
Pyramis SM/MD CP Core CM PL	$ 25,539,691	$ 28,945,201
Pyramis Interm Dur Pool	24,099,797	16,317,350
FMTC US Equity Index Pool	96,675,220	45,413,970
PyramisBroad Market Pool	24,124,687	16,318,937
Pyramis Select INTL Equity Pool	32,728,160	29,556,899
Pyramis Long Duration	43,793,843	29,887,577
Pyramis SLT INTL SM CP COM PL	15,007,778	-
Pyramis Diversified ALP LG Cap	-	45,417,636

Note 5 – Accumulated Plan Benefits

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 year ended December 31, 2012, the most recent actuarial valuations, are as follows:

	2012
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	$ 91,119,445
Participating employees	103,422,986
Participants with deferred benefits	29,506,776
Total vested benefits	224,049,207
Nonvested benefits	301,360
Total actuarial present value of accumulated plan benefits	$ 224,350,567

	2012
Actuarial present value of accumulated plan benefits:	
Balance - Beginning of year	$ 216,178,919
Increase (decrease) during the year attributable to:	
Benefits accumulated	7,398,451
Actuarial gains	(5,418,522)
Decrease in the discount period	16,999,231
Benefits paid	(22,163,406)
Assumption changes	(4,707,666)
Transfer in of the AI Pension Plan obligation	16,063,560
Net increase	8,171,648
Actuarial present value of accumulated plan benefits - End of year	$ 224,350,567

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 assumption change in 2012 of $4,707,666 was the result of changes in the assumed plan-related expenses added to the target normal cost, the retirement rates, and the lump sum interest rate for grandfathered participants.

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 2010.

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.

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 $16,941,609 were transferred into the Plan on December 31, 2012. All pension benefit obligations of the Aggregate Industries, Inc. Pension Plan, of $16,063,560 as determined from an actuarial valuation as of January 1, 2013, were transferred into the Plan as of December 31, 2012.

Note 9 – Reconciliation to Form 5500

For the year ended December 31, 2012, contribution revenue per the financial statements was $28,098,064. The 2012 Form 5500 includes a 2011 contribution receivable of $2,748,792 that is not reflected in the financial statements for a total contribution revenue amount of $30,846,856. There were no reconciling items between the 2013 net assets available for benefits and the 2013 Form 5500.

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, 2013

(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	$ 2,906,804	$ 2,906,804
Fidelity Management Trust Company	Common collective trust funds:		
	Pyramis Interm Dur Pool	21,229,735	24,099,797
	Pyramis REIT Pool	5,500,789	8,766,008
	FMTC US Equity Index Pool	66,625,097	96,675,220
	PyramisBroad Market Pool	20,847,214	24,124,687
	Pyramis Select INTL Equity Pool	22,280,610	32,728,160
	Pyramis Long Duration	38,181,661	43,793,843
	Pyramis SLT INTL SM CP COM PL	11,724,772	15,007,778
	Pyramis SM/MD CP Core CM PL	13,876,445	25,539,691
Aetna Life Insurance Company	Guaranteed investment contract - Fixed-income fund	145,746	145,746
	Total	**$ 203,318,873**	**$ 273,787,734**

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, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
	Fidelity INSTL CSH M CL A - Money market fund	$ 50,083,312	$ -	$ 50,083,312	$ 50,083,312	$ -
	Fidelity INSTL CSH M CL A - Money market fund	-	49,880,643	49,880,643	49,880,643	-
	FMTC US Equity Index Pool	41,597,233	-	41,597,233	41,597,233	-
	FMTC US Equity Index Pool	-	17,865,512	13,528,796	17,865,512	4,336,716
	Pyramis Diversified ALP LG Cap	-	50,083,312	39,312,650	50,083,312	10,770,662
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
	Pyramis Long Duration					
	Purchases - 7	20,703,425	-	20,703,425	20,703,425	-
	Sales - 16	-	3,928,137	3,152,752	3,928,137	775,385
	Pyramis SLT INTL SM CP COM PL					
	Purchases - 5	13,286,513	-	13,286,513	13,286,513	-
	Sales - 17	-	1,731,844	1,561,742	1,731,844	170,102
	Pyramis SM/MD CP Core CM PL					
	Purchases - 5	4,169,163	-	4,169,163	4,169,163	-
	Sales - 18	-	16,286,531	10,550,849	16,286,531	5,735,682
	Fidelity INSTL CSH M CL A - Money market fund:					
	Purchases - 42	55,150,256	-	55,150,256	55,150,256	-
	Sales - 57	-	56,279,217	56,279,217	56,279,217	-
	FMTC US Equity Index Pool:					
	Purchases - 6	52,802,486	-	52,802,486	52,802,486	-
	Sales - 17	-	27,135,470	20,787,146	27,135,470	6,348,324
	Pyramis Diversified ALP LG Cap:					
	Purchases - 2	3,326,399	-	3,326,399	3,326,399	-
	Sales - 4	-	50,083,328	39,312,663	50,083,328	10,770,665

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2	Assets:			
	a Market value		**2a**	258,957,079
	b Actuarial value		**2b**	252,402,474
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	2,146	103,714,831
	b For terminated vested participants	**3b**	1,423	37,359,806
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		382,985
	(2) Vested benefits	**3c(2)**		113,580,604
	(3) Total active	**3c(3)**	1,989	113,963,589
	d Total	**3d**	5,558	255,038,226
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**	
	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**	
5	Effective interest rate		**5**	6.21 %
6	Target normal cost		**6**	9,535,103

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

10/9/2014

Date

Michael J Gagliardi

Type or print name of actuary

14-06815

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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (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 14.44 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		10,250,564
	b Interest on (a) using prior year's effective interest rate of 6.88 % except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		10,250,564
	d Portion of (c) to be added to prefunding balance		2,081,000
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	2,081,000

Part III Funding Percentages

14	Funding target attainment percentage	14	98.15 %
15	Adjusted funding target attainment percentage	15	98.15 %
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	90.14 %
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
04/12/2013	2,172,000				
07/12/2013	2,172,000				
01/14/2014	2,172,000				
04/14/2014	6,432,000				
07/15/2014	6,432,000				
09/12/2014	8,600,000				
			Totals ▶ 18(b)	27,980,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	25,858,804

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is 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	0
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	9,535,103
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,716,752	117,509
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	9,652,612

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,081,000	2,081,000

36 Additional cash requirement (line 34 minus line 35)	36	7,571,612
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	25,858,804
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	18,287,192
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2,081,000
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	0
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, 2013
Enrolled Actuary	Michael Gagliardi
Enrollment Number	14-06815

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

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	0.0700	0.6957	0.0487	0.6470	60	2.9219
61	0.1500	0.6470	0.0970	0.5499	61	5.9200
62	0.2000	0.5499	0.1100	0.4400	62	6.8193
63	0.2000	0.4400	0.0880	0.3520	63	5.5434
64	0.2000	0.3520	0.0704	0.2816	64	4.5051
65	0.2500	0.2816	0.0704	0.2112	65	4.5755
66	0.2500	0.2112	0.0528	0.1584	66	3.4844
67	0.2500	0.1584	0.0396	0.1188	67	2.6529
68	0.2500	0.1188	0.0297	0.0891	68	2.0194
69	0.2500	0.0891	0.0223	0.0668	69	1.5368
70	1.0000	0.0668	0.0668	0.0000	70	4.6773
					Weighted Average Retirement Age, Sum of Column (g):	61.9577

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24
Description of Changes in Non-Prescribed Actuarial Assumptions
as of January 1, 2013

The following assumptions were changed since the last valuation:

- The assumed plan-related expenses added to the target normal cost were updated from $1,200,000 to $1,000,000 for 2013.
- The retirement rates were changed at the following ages to better reflect plan experience:

Age	Before	After
60	15%	7%
61	7%	15%
62	30%	20%
63-64	25%	20%
65-69	100%	25%

- The lump sum interest rate for grandfathered participants, which is based on the 30-year Treasury rate, was changed from 4% to 3% to better reflect current yields on 30-year Treasury bonds.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 25
Description of Changes in Method
as of January 1, 2013

The following methods were changed since the last valuation:

- In conjunction with the merger of the Aggregate Industries Inc. Pension Plan in the Holcim (US) Inc. Pension Plan, all methods previously used by the Holcim (US) Inc. Pension Plan were retained. The former Aggregate Industries Inc. Pension Plan had used the same methods as the Holcim Plan. The Aggregate Industries, Inc. Pension Plan lookback month was changed from January to September 3 segment rate. This would have had automatic approval.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2013

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		4		0		0		0		0		0		0		0	
25 - 29	25	59,990	46	59,686	42	64,348	0		0		0		0		0		0		0	
30 - 34	26	64,869	57	66,163	61	68,915	36	71,491	1		0		0		0		0		0	
35 - 39	18		76	71,951	52	76,783	59	85,680	22	82,364	0		0		0		0		0	
40 - 44	14		89	68,397	54	82,470	71	70,033	33	82,703	17		2		0		0		0	
45 - 49	10		73	81,168	45	92,614	73	60,021	42	74,328	38	74,396	10		1		0		0	
50 - 54	8		62	71,710	53	99,473	70	61,460	39	67,696	39	76,826	17		25	76,702	2		0	
55 - 59	2		50	68,247	30	85,689	48	49,480	29	87,924	38	73,636	22	89,525	37	94,718	34	76,173	1	
60 - 64	0		33	76,818	12		22	49,972	17		22	61,937	14		30	73,157	38	75,098	18	
65 - 69	0		5		2		7		5		6		2		3		5		8	
70 & Over	0		1		0		0		0		0		0		0		1		1	

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2013

	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	
Attained Age	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	19		15		4		0		0		0		0		0		0		0	
25 – 29	25	900	46	4,302	42	10,164	0		0		0		0		0		0		0	
30 – 34	26	1,297	57	6,640	61	14,007	36	24,454	1		0		0		0		0		0	
35 - 39	18		76	10,274	52	18,765	59	37,818	22	43,899	0		0		0		0		0	
40 - 44	14		89	12,561	54	28,218	71	48,285	33	61,059	17		2		0		0		0	
45 - 49	10		73	19,695	45	44,867	73	62,150	42	73,929	38	85,526	10		1		0		0	
50 - 54	8		62	23,336	53	60,513	70	86,174	39	97,400	39	121,832	17		25	138,941	2		0	
55 - 59	2		50	25,699	30	77,702	48	87,021	29	142,694	38	150,931	22	194,683	37	212,064	34	173,158	1	
60 - 64	0		33	29,413	12		22	71,960	17		22	136,261	14		30	225,066	38	211,719	18	
65 - 69	0		5		2		7		5		6		2		3		5		8	
70 & Over	0		1		0		0		0		0		0		0		1		1	

Plan Name: Holcim (US) Inc. Pension Plan
EIN / PN: 38-2943735 / 001
Plan Sponsor: Holcim (US) Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2013

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2013	(25,441,784)	7	(25,441,784)	(4,246,029)
2	Shortfall	01/01/2012	(24,425,772)	6	(21,942,485)	(4,145,653)
3	Shortfall	01/01/2011	22,071,812	5	16,515,011	3,628,955
4	Shortfall	01/01/2010	3,550,406	4	2,213,018	593,890
5	Shortfall	01/01/2009	39,497,474	10*	33,372,992	4,286,346
Total					4,716,752	117,509

*Election of pension relief using 15 year amortization

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: 6.21%

Prior plan year PPA effective interest rate: 6.88%

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 $1,000,000.

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	70
61	150
62	200
63	200
64	200
65	250
66	250
67	250
68	250
69	250
70	1,000

SCHEDULE SB ATTACHMENTS (cont.)

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.

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.

SCHEDULE SB ATTACHMENTS (cont.)

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 3.00% interest rate assumption was used for this purpose.

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	-	-

[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.

SCHEDULE SB ATTACHMENTS (cont.)

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.

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.

Plan Name:	Holcim (US) Inc. Pension Plan
EIN / PN:	38-2943735 / 001
Plan Sponsor:	Holcim (US) Inc.
Valuation Date:	January 1, 2013

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.

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.)

The Aggregate Industries, Inc. Pension Plan was merged into this plan as of December 31, 2012

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 to earn future benefits under 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.

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.

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 my 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.

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 Aggregate Industries, Inc. Pension Plan was merged into this plan as of December 31, 2012.

Plan Name	**Holcim (US) Inc. Pension Plan**
Plan Sponsor EIN	**38-2943735**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

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5500 Sch. SB	**Line 26**	Schedule of Active Participant Data		X
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5500 Sch. SB	**Line 27**	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	**Line 32**	Schedule of Amortization Bases		X

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ERISA Plan #	**001**
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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		X
5500 Sch. SB	**Line 25**	Change in Method		X
5500 Sch. SB	**Line 26**	Schedule of Active Participant Data		X
5500 Sch. SB	**Line 27**	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	**Line 27**	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	**Line 32**	Schedule of Amortization Bases		X

Plan Name	**Holcim (US) Inc. Pension Plan**
Plan Sponsor EIN	**38-2943735**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

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)	Attach-ment
5500 Sch. SB	**None**	Statement by Enrolled Actuary		X
5500 Sch. SB	**Line 27**	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	**Line E**	Information for Each Individual Employer		
5500 Sch. SB	**Line 4**	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	**Line 7**	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	**Line 8**	Late Election to Apply Balances to Quarterly Installments		
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		X
5500 Sch. SB	**Line 25**	Change in Method		X
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Plan Name	**Holcim (US) Inc. Pension Plan**
Plan Sponsor EIN	**38-2943735**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

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

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

Plan Name	**Holcim (US) Inc. Pension Plan**
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ERISA Plan #	**001**
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Plan Name	**Holcim (US) Inc. Pension Plan**
Plan Sponsor EIN	**38-2943735**
ERISA Plan #	**001**
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