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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (AGGREGATES)</u>                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>041</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2002</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>041</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/2002</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                    | <u>041</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2002</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>LAFARGE NORTH AMERICA, INC.</u><br><br><u>12018 SUNRISE VALLEY DRIVE</u><br><u>RESTON, VA 20191</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>58-1290226</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>703-480-3600</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>212320</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>58-1290226</u> | <b>2c</b> Sponsor's telephone number<br><u>703-480-3600</u> | <b>2d</b> Business code (see instructions)<br><u>212320</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>58-1290226</u>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>703-480-3600</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>212320</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 12/01/2010 | TERI HERZOG                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 12/01/2010 | TERI HERZOG                                                  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                                                                  |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ADMIN. COMM. FOR BLUE CIRCLE HERITAGE HRLY COMP EES -AGGREGATES<br><br>12018 SUNRISE VALLEY DRIVE<br>RESTON, VA 20191 | <b>3b</b> Administrator's EIN<br>58-1290264<br><br><b>3c</b> Administrator's telephone number<br>703-480-3600 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                         |          |    |
|-------------------------------------------------------------------------|----------|----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 27 |
|-------------------------------------------------------------------------|----------|----|

|                                                                                                                                                        |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |    |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 18 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 3  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 5  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 26 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 1  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 27 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0  |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

|                                                                                                          |                                                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (AGGREGATES) | <b>B</b> Three-digit plan number (PN) 041                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>LAFARGE NORTH AMERICA, INC.  | <b>D</b> Employer Identification Number (EIN)<br>58-1290226 |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

|                                                                                                                                                                                                 |                            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2009                                                                                                                                    |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value                                                                                                                                                                           | <b>2a</b>                  | 191731             |
| <b>b</b> Actuarial value                                                                                                                                                                        | <b>2b</b>                  | 210905             |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                             | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                           | <b>3a</b> 2                | 37184              |
| <b>b</b> For terminated vested participants                                                                                                                                                     | <b>3b</b> 6                | 25214              |
| <b>c</b> For active participants:                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                         | <b>3c(1)</b>               | 22262              |
| (2) Vested benefits                                                                                                                                                                             | <b>3c(2)</b>               | 144325             |
| (3) Total active                                                                                                                                                                                | <b>3c(3)</b> 19            | 166587             |
| <b>d</b> Total                                                                                                                                                                                  | <b>3d</b> 27               | 228985             |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate                                                                                                                                                                | <b>5</b>                   | 8.01 %             |
| <b>6</b> Target normal cost                                                                                                                                                                     | <b>6</b>                   | 49725              |

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

|                                             |                                        |
|---------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                            | 10/15/2010                             |
| Signature of actuary                        | Date                                   |
| DAVID WEBBER, FSA                           | 08-06137                               |
| Type or print name of actuary               | Most recent enrollment number          |
| TOWERS WATSON PENNSYLVANIA INC              | 703-258-8000                           |
| Firm name                                   | Telephone number (including area code) |
| 901 NORTH GLEBE ROAD<br>ARLINGTON, VA 22203 |                                        |
| Address of the firm                         |                                        |

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

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 30016                 | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 20541                 | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 9475                  | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-30.17</u> % .....                    | -2859                 |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 38474                  |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.18</u> % .....                        |                       | 2378                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 40852                  |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 6616                  | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 0                     | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 92.10 % |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 92.10 % |
| 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 | 92.00 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %       |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/14/2009                                                                        | 10000                             |                                 |                          |                                   |                                 |
| 07/15/2009                                                                        | 10000                             |                                 |                          |                                   |                                 |
| 10/15/2009                                                                        | 10000                             |                                 |                          |                                   |                                 |
| 01/15/2010                                                                        | 10000                             |                                 |                          |                                   |                                 |
| 09/15/2010                                                                        | 60000                             |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 100000                          |
|                                                                                   |                                   |                                 |                          | 18(c)                             | 0                               |

|                                                                                                                               |                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                                                               |                                                                     |
| a                                                                                                                             | Contributions allocated toward unpaid minimum required contribution from prior years.....                     | 19a 0                                                               |
| b                                                                                                                             | Contributions made to avoid restrictions adjusted to valuation date .....                                     | 19b 0                                                               |
| c                                                                                                                             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c 90645                                                           |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                               |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           |                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   |                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                                                               |                                                                     |

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

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 65                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 49725              |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4341                | 770                |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 50495              |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 50495              |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 90645              |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 40150              |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
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| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
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|                                                                                                          |                                                             |     |
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| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009               |                                                             |     |
| <b>A</b> Name of plan<br>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (AGGREGATES) | <b>B</b> Three-digit plan number (PN) ►                     | 041 |
|                                                                                                          |                                                             |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>LAFARGE NORTH AMERICA, INC.      | <b>D</b> Employer Identification Number (EIN)<br>58-1290226 |     |

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

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | BLUE CIRCLE MIRROR MASTER TRUST |
|------------------------------------------------|---------------------------------|

|                                                   |                            |
|---------------------------------------------------|----------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | LAFARGE NORTH AMERICA INC. |
|---------------------------------------------------|----------------------------|

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 37-1496722-001 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

|                                                |                                    |
|------------------------------------------------|------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | LAFARGE NORTH AMERICA MASTER TRUST |
|------------------------------------------------|------------------------------------|

|                                                   |                            |
|---------------------------------------------------|----------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | LAFARGE NORTH AMERICA INC. |
|---------------------------------------------------|----------------------------|

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 22-3481535-001 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228271 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

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

**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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                              |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                                                 |                                                                                                                                                                                                                                                                                              |                                                                                                |
| <div>A Name of plan</div> <div>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (AGGREGATES)</div>                                                                                                                                       |                                                                                                                                                                                                                                                                                              | <div>B Three-digit plan number (PN)</div> <div>041</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>LAFARGE NORTH AMERICA, INC.</div>                                                                                                                                                   |                                                                                                                                                                                                                                                                                              | <div>D Employer Identification Number (EIN)</div> <div>58-1290226</div>                        |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

|                                                                                   |       |                       |                 |
|-----------------------------------------------------------------------------------|-------|-----------------------|-----------------|
| <div>1 Plan Assets and Liabilities:</div>                                         |       | (a) Beginning of Year | (b) End of Year |
| <div>a Total plan assets</div>                                                    | 1a    | 194212                | 298271          |
| <div>b Total plan liabilities</div>                                               | 1b    | 1552                  | 7143            |
| <div>c Net plan assets (subtract line 1b from line 1a)</div>                      | 1c    | 192660                | 291128          |
| <div>2 Income, Expenses, and Transfers for this Plan Year:</div>                  |       | (a) Amount            | (b) Total       |
| <div>a Contributions received or receivable:</div>                                |       |                       |                 |
| <div>(1) Employers</div>                                                          | 2a(1) | 100000                |                 |
| <div>(2) Participants</div>                                                       | 2a(2) |                       |                 |
| <div>(3) Others (including rollovers)</div>                                       | 2a(3) |                       |                 |
| <div>b Noncash contributions</div>                                                | 2b    |                       |                 |
| <div>c Other income</div>                                                         | 2c    | 42701                 |                 |
| <div>d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)</div>             | 2d    |                       | 142701          |
| <div>e Benefits paid (including direct rollovers)</div>                           | 2e    | 3208                  |                 |
| <div>f Corrective distributions (see instructions)</div>                          | 2f    |                       |                 |
| <div>g Certain deemed distributions of participant loans (see instructions)</div> | 2g    |                       |                 |
| <div>h Administrative service providers (salaries, fees, and commissions)</div>   | 2h    |                       |                 |
| <div>i Other expenses</div>                                                       | 2i    | 41025                 |                 |
| <div>j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)</div>                    | 2j    |                       | 44233           |
| <div>k Net income (loss) (subtract line 2j from line 2d)</div>                    | 2k    |                       | 98468           |
| <div>l Transfers to (from) the plan (see instructions)</div>                      | 2l    |                       |                 |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|                                                              |    |     |    |        |
|--------------------------------------------------------------|----|-----|----|--------|
|                                                              |    | Yes | No | Amount |
| <div>a Partnership/joint venture interests</div>             | 3a |     | X  |        |
| <div>b Employer real property</div>                          | 3b |     | X  |        |
| <div>c Real estate (other than employer real property)</div> | 3c |     | X  |        |
| <div>d Employer securities</div>                             | 3d |     | X  |        |
| <div>e Participant loans</div>                               | 3e |     | X  |        |

|                                                    | Yes | No | Amount |
|----------------------------------------------------|-----|----|--------|
| <b>3f</b> Loans (other than to participants) ..... |     | X  |        |
| <b>g</b> Tangible personal property .....          |     | X  |        |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

| <b>4</b> During the plan year:                                                                                                                                                                                                                                                                   | Yes | No | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ..... |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....                                              |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....                                                                                                                                                                          |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....                                                                                                                                                              |     | X  |          |
| <b>e</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                                                                          | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                          |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                       |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                             |     | X  |          |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....                                                                                                                     |     | X  |          |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                              |     | X  |          |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | X   |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                               |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                     |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                                                                         |     |    |          |

**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.)

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

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                  | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (AGGREGATES)                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ► 041                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LAFARGE NORTH AMERICA, INC.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>58-1290226                                            |
| 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                                                                                               |
| 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):<br><br>EIN(s): 04-1867445 36-3046063<br><br>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 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                          | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                         | Amendments                                                                                                                                                                                                                                                                                      |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2009 v.092308.1                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

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

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

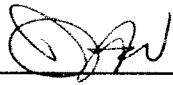
|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Pen Plan for BC Heritage Hrly Comp Emp (Aggregates)                                                          | <b>B</b> Three-digit plan number (PN) ▶ 041                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Lafarge North America Inc.                                | <b>D</b> Employer Identification Number (EIN)<br><br>58-1290226                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                      |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>                                                                                                                      |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                     |                            |                    |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b>                  | 191,731            |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 210,905            |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                  | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b> 2                | 37,184             |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 6                | 25,214             |
| <b>c</b> For active participants:                                                                                                                                                                    |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b>               | 22,262             |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b>               | 144,325            |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 19            | 166,587            |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 27               | 228,985            |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                               |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                                | <b>5</b>                   | 8.01 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b>                   | 49,725             |

**Statement by Enrolled Actuary**

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

|                                |                                                                                                           |                                        |
|--------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>               | David Webber, FSA, EA  | 10/13/2010                             |
| Signature of actuary           |                                                                                                           | Date                                   |
| David Webber, FSA              |                                                                                                           | 08-06137                               |
| Type or print name of actuary  |                                                                                                           | Most recent enrollment number          |
| TOWERS WATSON PENNSYLVANIA INC |                                                                                                           | (703) 258-8000                         |
| Firm name                      |                                                                                                           | Telephone number (including area code) |
| 901 North Glebe Road           |                                                                                                           |                                        |
| Arlington VA 22203             |                                                                                                           |                                        |
| Address of the firm            |                                                                                                           |                                        |

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

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 30,016                | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 20,541                | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 9,475                 | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>(30.17)</u> % .....                  | (2,859)               | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 38,474                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.18</u> % .....                        |                       | 2,378                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 40,852                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 6,616                 | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.10 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.10 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.00 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/14/2009               | 10,000                            |                                 |                          |                                   |                                 |
| 07/15/2009               | 10,000                            |                                 |                          |                                   |                                 |
| 10/15/2009               | 10,000                            |                                 |                          |                                   |                                 |
| 01/15/2010               | 10,000                            |                                 |                          |                                   |                                 |
| 09/15/2010               | 60,000                            |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 100,000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                     | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 90,645 |

**20** Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 65                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 49,725             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4,341               | 770                |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 50,495             |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | Carryover balance   | Prefunding balance |
|                                                                                                                                                                                      | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 50,495             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                  | <b>37</b>           | 90,645             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 40,150             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041  
Attachment to 2009 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

## Actuarial Assumptions and Methods

### Economic Assumptions

#### Funding interest rate basis:

|                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| — Applicable month                        | October 2008 (bond yields during October 2008) |
| — Yield curve basis                       | Full yield curve                               |
| — Transition from current liability rates | N/A                                            |

#### Funding interest rate:

|                 |       |
|-----------------|-------|
| ▶ 10-year rate* | 8.81% |
| ▶ 20-year rate* | 8.22% |
| ▶ 30-year rate* | 7.50% |

\* Rates are for durations 9.5, 19.5 and 29.5, respectively.

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
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Attachment to 2009 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Methods

Contributions:

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| — Valuation date            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| — Funding target            | Present value of accrued benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| — Target normal cost        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| — Actuarial value of assets | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of fair value, including contributions receivable.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| Benefits Not Valued         | <p>All benefits described in the Plan Provisions of this report were valued except plant shutdown and other “unpredictable contingent event benefits” which are not valued until and unless the triggering event occurs. Towers Watson is not aware of any significant benefits required to be valued that were not.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
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**Change in Assumptions & Methods**

The funding interest rate changed from IRS prescribed segment rates without 3-year transition based on bond yields through the December preceding the valuation date to the IRS prescribed one-month average yield-curve based on bond yields during the October preceding the valuation date.

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

An assumption for administrative expenses was included as part of the target normal cost, as required by The Worker, Retiree and Employer Recovery Act of 2008.

There was a change in the method for calculating the actuarial value of assets. The prior valuation used the market value of assets (including contributions receivable).

**Data Sources**

Towers Watson used asset data and retiree data supplied by the trustees. Lafarge North America Inc. furnished other participant data and the dates and amounts of the contributions that were paid in 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041  
Attachment to 2009 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

**Economic Assumptions**

Effective Interest Rate                      8.01%

**Demographic Assumptions**

Mortality                      Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2016 using Scale AA)

Termination                      Sample rates varying by age

| <i>Age</i> | <i>Rate</i> |
|------------|-------------|
| 20         | 0.1500      |
| 25         | 0.1384      |
| 30         | 0.1158      |
| 35         | 0.0731      |
| 40         | 0.0350      |
| 45         | 0.0168      |
| 50         | 0.0071      |
| 55         | 0.0015      |

Disability                      Sample rates varying by age and sex.

| <i>Age</i> | <i>Sex</i>  |               |
|------------|-------------|---------------|
|            | <i>Male</i> | <i>Female</i> |
| 20         | 0.00064     | 0.00055       |
| 25         | 0.00093     | 0.00096       |
| 30         | 0.00134     | 0.00165       |
| 35         | 0.00199     | 0.00252       |
| 40         | 0.00314     | 0.00357       |
| 45         | 0.00505     | 0.00522       |
| 50         | 0.00830     | 0.00854       |
| 55         | 0.01502     | 0.01490       |
| 60         | 0.02266     | 0.01793       |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041**

**Attachment to 2009 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

|                            |                                                                                              |
|----------------------------|----------------------------------------------------------------------------------------------|
| Retirement                 | Assumed retirement age is 65                                                                 |
| Benefit commencement date: |                                                                                              |
| — Deferred vested benefit  | Current inactives: the later of age 65 or termination of employment; current actives: age 65 |
| Form of payment            | Life annuity                                                                                 |
| Percent married            | 85% of males; 85% of females                                                                 |
| Spouse age                 | Wife three years younger than husband                                                        |
| Administrative expense     | \$34,000                                                                                     |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041  
Attachment to 2009 Schedule SB Part V – Summary of Plan Provisions**

## Hourly Compensated Employees (Aggregates)

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date               | The original effective date of this plan was January 1, 2002.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Covered Employees            | All employees at the company's Lithonia, Georgia facility employed on an hourly or piecework basis and who are represented by Local #131, United Steelworkers of America.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Participation Date           | Covered Employees participate on the January 1st or July 1st immediately following attainment of age 20 1/2 and either six months of service or completion of 1,000 hours of service in a calendar year. Active participants of Blue Circle Aggregates Union Hourly Pension Plan on December 31, 2001 participate on January 1, 2002.                                                                                                                                                                                                                                                                                                             |
| Definitions                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Eligibility service          | One year of eligibility service is accrued for each plan year during which 1,000 or more hours of service are completed. A partial year of service is credited for less than 1,000 hours of service in a plan year. Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Blue Circle Aggregates Union Hourly Pension Plan is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account for purposes of determining the participant's eligibility service under the Blue Circle Aggregates Union Hourly Pension Plan.   |
| Credited service             | One year of credited service is accrued for each plan year during which 2,080 or more hours of service are completed. A partial year of credited service is accrued for less than 2,080 hours of service in a plan year. Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Blue Circle Aggregates Union Hourly Pension Plan is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account for purposes of determining the participant's credited service under the Blue Circle Aggregates Union Hourly Pension Plan. |
| Normal retirement date (NRD) | First day of the month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041  
Attachment to 2009 Schedule SB Part V – Summary of Plan Provisions**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                        |                       |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Monthly pension benefit                 | The accrued benefit for an employee is computed below:                                                                                                                                                                                                                                                                                                                                                 |                       |
|                                         | <u>Retirement Multiplier</u>                                                                                                                                                                                                                                                                                                                                                                           | <u>Effective Date</u> |
|                                         | \$17.00                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2004              |
|                                         | \$19.50                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2005              |
|                                         | \$19.75                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2006              |
|                                         | \$20.25                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2007              |
|                                         | \$21.00                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2008              |
|                                         | \$21.75                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2009              |
|                                         | \$22.50                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2010              |
|                                         | \$23.50                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2011              |
|                                         | \$24.50                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2012              |
|                                         | \$25.50                                                                                                                                                                                                                                                                                                                                                                                                | 1/1/2013              |
|                                         | The benefit payable under this plan shall be reduced by the benefit payable under any offsetting plan. Offsetting plans are other defined benefit pension plans or retirement plans, including the Blue Circle Aggregates Union Hourly Pension Plan, under which a benefit is determined, based on service with respect to which the participant is also entitled to credited service under this plan. |                       |
| Monthly preretirement death benefit     | 50% of the accrued monthly pension benefit as of the date of death, reduced for 50% joint and survivor election and reduced for payment as early as the participant's earliest retirement date.                                                                                                                                                                                                        |                       |
| Eligibility for Benefits                |                                                                                                                                                                                                                                                                                                                                                                                                        |                       |
| Normal retirement                       | Retirement on NRD                                                                                                                                                                                                                                                                                                                                                                                      |                       |
| Early retirement                        | The first day of month coinciding with or next following the attainment of age 55 with 10 years of eligibility service.                                                                                                                                                                                                                                                                                |                       |
| Postponed retirement                    | Retirement after NRD                                                                                                                                                                                                                                                                                                                                                                                   |                       |
| Vested termination                      | Termination for reason other than death or retirement after completing 5 years of eligibility service.                                                                                                                                                                                                                                                                                                 |                       |
| Disability retirement                   | A participant with 15 years eligibility service who is unable to obtain gainful employment by reason of total and permanent disability is eligible for disability.                                                                                                                                                                                                                                     |                       |
| Preretirement death benefit             | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                                                                                                                                                                    |                       |
| Benefits Paid Upon the Following Events |                                                                                                                                                                                                                                                                                                                                                                                                        |                       |
| Normal retirement                       | Monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                           |                       |

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated  
Employees (Aggregates)  
EIN 58-1290226  
PN 041**

**Attachment to 2009 Schedule SB Part V – Summary of Plan Provisions**

|                       |                                                                                                                                                                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement      | Monthly pension benefit actuarially reduced if payments commence prior to age 65.                                                                                                                                                           |
| Postponed retirement  | Monthly pension benefit determined as of the actual retirement date.                                                                                                                                                                        |
| Vested termination    | Monthly pension benefit is equal to the accrued normal retirement benefit as of the date of termination. If the benefit starts before normal retirement date, the benefit will be reduced using early retirement benefit reduction factors. |
| Disability retirement | The monthly disability benefit, which commences on the first of the month following disability, is equal to the accrued benefit as of the date of disability.                                                                               |
| Preretirement death   | Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.                                                                                                               |

**Other Plan Provisions**

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment            | <p>Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional form:</p> <ul style="list-style-type: none"><li>— 75% joint and survivor annuity</li><li>— 120 month certain and continuous annuity</li></ul> <p>Actuarial equivalence for optional form conversion:</p> <ul style="list-style-type: none"><li>— Participant mortality: GAM 1971 male</li><li>— Beneficiary mortality: GAM 1971 male set back 6 years</li></ul> <p>Interest rate: 7.50%</p> |
| Maximum on benefits and pay | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**Future Plan Changes**

No future plan changes were recognized. Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases.

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly  
Compensated Employees (NewCem)  
EIN 58-1290226  
PN 040  
Attachment to 2009 Schedule SB, Line 25 – Change in Method**

| <b>Aspect of the Valuation</b> | <b>Old</b>                                                                                                                     | <b>New</b>                                                                                                                                                                                              |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative Expenses        | Not included in Normal Cost                                                                                                    | Included in Normal Cost                                                                                                                                                                                 |
| Actuarial Value of Assets      | Market Value                                                                                                                   | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings |
| Valuation Interest Rate        | IRS prescribed segment rates without 3-year transition, based on bond yields through the December preceding the valuation date | One-month average yield-curve based on bond yields during the October preceding the valuation date                                                                                                      |

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees

(Aggregates)

EIN 58-1290226

PN 041

Attachment to 2009 Schedule SB, Line 26 - Schedule of Active Participant Data

|              |       | Total Years of Credited Service |        |        |          |          |                        |          |          |          |         |
|--------------|-------|---------------------------------|--------|--------|----------|----------|------------------------|----------|----------|----------|---------|
| Attained Age |       | <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 & up |
| <25          | Count | 0                               | 0      | 0      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 25 to 29     | Count | 0                               | 0      | 0      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 30 to 34     | Count | 0                               | 0      | 0      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 35 to 39     | Count | 0                               | 1      | 1      | 1        | 1        | 0                      | 0        | 0        | 0        | 0       |
| 40 to 44     | Count | 0                               | 0      | 3      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 45 to 49     | Count | 0                               | 0      | 2      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 50 to 54     | Count | 0                               | 0      | 1      | 1        | 1        | 1                      | 1        | 1        | 0        | 0       |
| 55 to 59     | Count | 0                               | 0      | 0      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 60 to 64     | Count | 0                               | 1      | 1      | 0        | 0        | 1                      | 0        | 0        | 0        | 0       |
| 65 to 69     | Count | 0                               | 0      | 1      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
| 70 & up      | Count | 0                               | 0      | 0      | 0        | 0        | 0                      | 0        | 0        | 0        | 0       |
|              |       | Average Age = 50.3              |        |        |          |          | Average Service = 11.9 |          |          |          |         |



**Attachment to 2009 Form 5500**  
**Form 5500 Administrative Penalties - Explanation of Reasonable Cause**

|                            |                                                                           |             |                   |
|----------------------------|---------------------------------------------------------------------------|-------------|-------------------|
| <b>Plan Name</b>           | <u>PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES</u> | <b>EIN:</b> | <u>08-1290226</u> |
| <b>Plan Sponsor's Name</b> | <u>LAFARGE NORTH AMERICA, INC.</u>                                        | <b>PN:</b>  | <u>041</u>        |

**Explanation:**

To Whom It May Concern: Please accept the attached Form 5500, required schedules and financial statements for the above referenced plan. The Master Trust associated with this plan converted to a new trust company during the 2009 plan year. During the audit process, significant reporting errors were discovered on the trust reports provided by the custodian. Due to the complexity of the errors; it took several weeks for the custodian to provide revised trust reports which caused the completion of the financials statements to be delayed. As soon as the corrected reports were provided, the financial statements were finalized and the Forms 5500 were prepared. We understand the strict rules in relation to the timely filing of the Form 5500 however, under the above circumstances, the Form 5500 could not be completed until the trust reports along with the audited financial statements were completed. Thank you in advance for your consideration to accept this late filing. We also respectfully request an abatement of any penalties or interest that may be assessed for this late filing. Sincerely, Teri Herzog Trustee