Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TILCON INC. EMPLOYEE THRIFT PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 04/23/1979

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
TILCON INC.

PO BOX 1357
NEW BRITAIN, CT 06052

2b Employer Identification Number (EIN) 06-0999181

2c Sponsor's telephone number 860-224-6005

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/27/2011	KATHLEEN COHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/31/2011	ROBERT W. BOBENHAUSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TILCON INC. PO BOX 1357 NEW BRITAIN, CT 06052	**3b** Administrator's EIN 06-0999181 **3c** Administrator's telephone number 860-224-6005

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	522
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 2E 2F 2K 2J 3H 2T

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] General assets of the sponsor

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

a Pension Schedules	**b General Schedules**
(1) [X] **R** (Retirement Plan Information)	**(1)** [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)** [ ] **I** (Financial Information – Small Plan)
	(3) [X] 1 **A** (Insurance Information)
	(4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** [X] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

A Name of plan	**B** Three-digit plan number (PN) ▶
TILCON INC. EMPLOYEE THRIFT PLAN	006
C Plan sponsor's name as shown on line 2a of Form 5500.	**D** Employer Identification Number (EIN)
TILCON INC.	06-0999181

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

1 Coverage Information:

(a) Name of insurance carrier

NEW YORK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-5582869	66915	31505	0	01/01/2010	10/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**		
	(2) Dividends and credits	**7c(2)**		
	(3) Interest credited during the year	**7c(3)**		
	(4) Transferred from separate account	**7c(4)**		
	(5) Other (specify below) ▶	**7c(5)**		
	(6) Total additions		**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**).		**7d**	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**		
	(2) Administration charge made by carrier	**7e(2)**		
	(3) Transferred to separate account	**7e(3)**		
	(4) Other (specify below) ▶	**7e(4)**		
	(5) Total deductions		**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)		**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2010
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

A Name of plan
TILCON INC. EMPLOYEE THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TILCON INC.

D Employer Identification Number (EIN)
06-0999181

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 64	RETAINED BY EMPLOYER	79	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

A Name of plan
TILCON INC. EMPLOYEE THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TILCON INC.

D Employer Identification Number (EIN)
06-0999181

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

c EIN-PN 13-5582869-125 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND G

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 94-3405560-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

A Name of plan
TILCON INC. EMPLOYEE THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TILCON INC.

D Employer Identification Number (EIN)
06-0999181

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21488	0
(2) Participant contributions	1b(2)	31246	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		0
(9) Value of interest in common/collective trusts	1c(9)	328612	0
(10) Value of interest in pooled separate accounts	1c(10)	13947743	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14296179	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)		0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28625268	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28625268	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	6864	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6864
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	247	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		247
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	26020	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		26020
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9530
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		191268
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		882585
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1116514
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2063016	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2063016
f Corrective distributions (see instructions)	2f		2047
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	79	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		79
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2065142
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-948628
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		27676640

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FIONDELLA, MELONE & LASARACINA LLP (2) EIN: 06-1648707

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

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

Part IV Compliance Questions

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

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☒ **Yes** ☐ **No** **Amount:** 0

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
OLDCASTLE MATERIALS, INC. RETIREMENT SAVINGS PLAN	95-3962933	001

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 10/01/2010

A Name of plan
TILCON INC. EMPLOYEE THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TILCON INC.

D Employer Identification Number (EIN)
06-0999181

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):

EIN(s): 13-3808042 _____

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**

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements

Tilcon Inc. Employee Thrift Plan

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009
with Report of Independent Auditors

Tilcon Inc. Employee Thrift Plan

Financial Statements

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009

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Report of Independent Auditors 1

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EXPERIENCE THAT COUNTS.

Report of Independent Auditors

To the Pension Committee
Tilcon Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Tilcon Inc. Employee Thrift Plan (the Plan) as of October 1, 2010 and December 31, 2009, and the related statements of changes in net assets available for benefits for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of October 1, 2010 and December 31, 2010, and for the period from January 1, 2010 to October 1, 2010 and the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
May 24, 2011

Tilcon Inc. Employee Thrift Plan

Statements of Net Assets Available for Benefits

	October 1, 2010	December 31, 2009
Assets		
Investments at fair value:		
Mutual funds	**$ -**	$ 14,624,791
Insurance company pooled separate account	-	13,278,251
Total investments at fair value	-	27,903,042
Contributions receivable:		
Employer	-	21,488
Employee	-	31,246
Total contributions receivable	-	52,734
Total assets	-	27,955,776
Net assets reflecting all investments at fair value	-	27,955,776
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	669,492
Net assets available for benefits	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Statements of Changes in Net Assets Available for Benefits

	Period from January 1, 2010 to October 1, 2010	Year Ended December 31, 2009
Additions		
Investment income:		
Net appreciation in fair value of mutual funds	**$ 899,018**	$ 3,509,644
Interest income	**217,496**	646,668
Total investment income	**1,116,514**	4,156,312
Contributions:		
Employer	**-**	1,413,789
Employee	**-**	2,054,844
Total contributions	**-**	3,468,633
Total additions	**1,116,514**	7,624,945
Deductions		
Benefit payments	**2,065,142**	2,956,441
Total deductions	**2,065,142**	2,956,441
Net (decrease) increase in net assets before transfer	**(948,628)**	4,668,504
Transfer of assets to the Oldcastle Materials, Inc. Retirement Savings Plan	**(27,676,640)**	-
Net (decrease) increase in net assets available for benefits	**(28,625,268)**	4,668,504
Net assets available for benefits, beginning of year	**28,625,268**	23,956,764
Net assets available for benefits, end of year	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Notes to Financial Statements

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009

1. Plan Status

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made to the Plan for the period from January 1, 2010 to October 1, 2010. The Tilcon Inc. Pension Committee voted to merge the Plan effective October 1, 2010 (Merger Date) with and into the Oldcastle Materials, Inc. Retirement Savings Plan. As of the Merger Date, all remaining assets totaling $27,676,640 transferred to the Oldcastle Materials, Inc. Retirement Savings Plan. Participants who were eligible to participate in the Tilcon, Inc. Employee Thrift Plan are immediately eligible to participate in the Oldcastle Materials, Inc. Retirement Savings Plan.

2. Description of the Plan

The Tilcon Inc. Employee Thrift Plan (the Plan) was a defined contribution plan that covered eligible employees of Tilcon Inc. (the Company) who had completed one year of employment (at least 1,000 hours of service during any 12-month period). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants could make voluntary post-tax contributions (via a payroll deduction) provided such amounts did not exceed the limits established by the Internal Revenue Code. The Company matched one hundred percent of the participants' contributions up to six percent of the participants' earnings for the applicable pay period. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Upon enrollment in the Plan, a participant could direct employer and participant contributions in 10% increments in any of the investment options. Participants were fully vested in their own and employer contributions and actual earnings thereon.

Upon retirement, permanent disability, or death, 100% of the value of the participant's vested account was payable to the participant or the participant's beneficiary in a lump sum payment.

Expenses of the Plan were paid by the plan sponsor.

Effective January 1, 2009, the Plan suspended minimum required distributions (MRDs) as permitted under the Worker, Retiree, and Employer Recovery Act of 2008 (the Act). The Act suspended MRDs to allow workers anticipating MRDs not to take such distributions from retirement assets depleted from the market downturn in 2008.

2. Description of the Plan (continued)

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made for the Plan years ending after December 31, 2009.

The information above provides only general information. Additional information about the Plan is contained in the Summary Plan Description Booklet, *Your Plan, Tilcon Inc. Employee Thrift Plan*. Copies of the booklet are available from the Plan administrator.

3. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of Investments and Income Recognition

The Plan's mutual funds are stated at fair value, which is based on quoted market prices in an active market. The market value of mutual funds is based on the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis.

The Plan’s investments in the New York Life Insurance Company (New York Life) insurance company pooled separate account (New York Life Insurance Anchor Account III) is accounted for in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, which discusses the accounting treatment for fully benefit-responsive investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

3. Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition (continued)

The Plan's investment in the New York Life insurance company pooled separate account (New York Life Insurance Anchor Account III) is determined by the fund manager based on the underlying investments within each fund and is expressed in units representing the net asset value of each fund by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. At December 31, 2009, the adjustment from fair value to contract value for the insurance company pooled separate account was determined by the Plan sponsor by calculating the Plan's proportional share of the adjustment listed in the funds audited financial statements.

At December 31, 2009, the statement of net assets available for benefits presents the fair value of the investment in the fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of investments, which consists of the realized and unrealized gains or losses on those investments.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in them, including the accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility.

3. Significant Accounting Policies (continued)

Fair Value of Investments

The Plan follows FASB ASC 820, *Fair Value Measurement and Disclosures* (ASC 820), for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including the Plan's own credit risk.

In addition to defining fair value, ASC 820 expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in the measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 – Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 – Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

4. Investments

The Plan's investments are held and administered by the trustee, New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. All investment information disclosed in the accompanying financial statements, including investments held at October 1, 2010 and December 31, 2009, interest income and net appreciation (depreciation) in fair value of investments for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, were obtained and certified as complete and accurate by New York Life Trust Company, the trustee of the Plan.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2010	2009
T. Rowe Price Retirement 2030 Fund	$ -	$ 2,167,662
MainStay Large Cap Growth I Fund	-	1,679,578
American EuroPacific Growth R4 Fund	-	2,214,759
New York Life Insurance Anchor Account III	-	13,278,251

The contract value of the New York Life Insurance Anchor Account III at December 31, 2009 was $13,947,743. The average yield and interest rate credited to Plan participants was 3.03% for 2009.

5. Fair Value Measurements

There are no fair value measurements as of October 1, 2010, as there were no investments remaining in the Plan as of that date.

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall, for assets measured on a recurring basis as of December 31, 2009:

Description	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	$14,624,791	$ -	$ -	$ 14,624,791
Insurance company pooled separate account		13,278,251		13,278,251
Total investments	$14,624,791	$ 13,278,251	$ -	$ 27,903,042

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 14, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has adopted amendments since this date, and believes that the Plan and related trust are designed and are currently being operated in accordance with applicable sections of the Internal Revenue Code.

7. Party-in-Interest Transactions

New York Life Trust Company is the trustee of the Plan; therefore, transactions in the New York Life Insurance Anchor Account III qualify as party-in-interest transactions.

8. Subsequent Event

The Plan has evaluated events occurring between October 1, 2010 and May 24, 2011, the date the financial statements were available to be issued.

Financial Statements

Tilcon Inc. Employee Thrift Plan

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009
with Report of Independent Auditors

Tilcon Inc. Employee Thrift Plan

Financial Statements

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009

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EXPERIENCE THAT COUNTS.

Report of Independent Auditors

To the Pension Committee
Tilcon Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Tilcon Inc. Employee Thrift Plan (the Plan) as of October 1, 2010 and December 31, 2009, and the related statements of changes in net assets available for benefits for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of October 1, 2010 and December 31, 2010, and for the period from January 1, 2010 to October 1, 2010 and the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
May 24, 2011

Tilcon Inc. Employee Thrift Plan

Statements of Net Assets Available for Benefits

	October 1, 2010	December 31, 2009
Assets		
Investments at fair value:		
Mutual funds	**$ -**	$ 14,624,791
Insurance company pooled separate account	-	13,278,251
Total investments at fair value	-	27,903,042
Contributions receivable:		
Employer	-	21,488
Employee	-	31,246
Total contributions receivable	-	52,734
Total assets	-	27,955,776
Net assets reflecting all investments at fair value	-	27,955,776
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	669,492
Net assets available for benefits	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Statements of Changes in Net Assets Available for Benefits

	Period from January 1, 2010 to October 1, 2010	Year Ended December 31, 2009
Additions		
Investment income:		
Net appreciation in fair value of mutual funds	**$ 899,018**	$ 3,509,644
Interest income	**217,496**	646,668
Total investment income	**1,116,514**	4,156,312
Contributions:		
Employer	**-**	1,413,789
Employee	**-**	2,054,844
Total contributions	**-**	3,468,633
Total additions	**1,116,514**	7,624,945
Deductions		
Benefit payments	**2,065,142**	2,956,441
Total deductions	**2,065,142**	2,956,441
Net (decrease) increase in net assets before transfer	**(948,628)**	4,668,504
Transfer of assets to the Oldcastle Materials, Inc. Retirement Savings Plan	**(27,676,640)**	-
Net (decrease) increase in net assets available for benefits	**(28,625,268)**	4,668,504
Net assets available for benefits, beginning of year	**28,625,268**	23,956,764
Net assets available for benefits, end of year	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Notes to Financial Statements

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009

1. Plan Status

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made to the Plan for the period from January 1, 2010 to October 1, 2010. The Tilcon Inc. Pension Committee voted to merge the Plan effective October 1, 2010 (Merger Date) with and into the Oldcastle Materials, Inc. Retirement Savings Plan. As of the Merger Date, all remaining assets totaling $27,676,640 transferred to the Oldcastle Materials, Inc. Retirement Savings Plan. Participants who were eligible to participate in the Tilcon, Inc. Employee Thrift Plan are immediately eligible to participate in the Oldcastle Materials, Inc. Retirement Savings Plan.

2. Description of the Plan

The Tilcon Inc. Employee Thrift Plan (the Plan) was a defined contribution plan that covered eligible employees of Tilcon Inc. (the Company) who had completed one year of employment (at least 1,000 hours of service during any 12-month period). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants could make voluntary post-tax contributions (via a payroll deduction) provided such amounts did not exceed the limits established by the Internal Revenue Code. The Company matched one hundred percent of the participants' contributions up to six percent of the participants' earnings for the applicable pay period. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Upon enrollment in the Plan, a participant could direct employer and participant contributions in 10% increments in any of the investment options. Participants were fully vested in their own and employer contributions and actual earnings thereon.

Upon retirement, permanent disability, or death, 100% of the value of the participant's vested account was payable to the participant or the participant's beneficiary in a lump sum payment.

Expenses of the Plan were paid by the plan sponsor.

Effective January 1, 2009, the Plan suspended minimum required distributions (MRDs) as permitted under the Worker, Retiree, and Employer Recovery Act of 2008 (the Act). The Act suspended MRDs to allow workers anticipating MRDs not to take such distributions from retirement assets depleted from the market downturn in 2008.

2. Description of the Plan (continued)

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made for the Plan years ending after December 31, 2009.

The information above provides only general information. Additional information about the Plan is contained in the Summary Plan Description Booklet, *Your Plan, Tilcon Inc. Employee Thrift Plan*. Copies of the booklet are available from the Plan administrator.

3. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of Investments and Income Recognition

The Plan's mutual funds are stated at fair value, which is based on quoted market prices in an active market. The market value of mutual funds is based on the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis.

The Plan’s investments in the New York Life Insurance Company (New York Life) insurance company pooled separate account (New York Life Insurance Anchor Account III) is accounted for in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, which discusses the accounting treatment for fully benefit-responsive investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

3. Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition (continued)

The Plan's investment in the New York Life insurance company pooled separate account (New York Life Insurance Anchor Account III) is determined by the fund manager based on the underlying investments within each fund and is expressed in units representing the net asset value of each fund by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. At December 31, 2009, the adjustment from fair value to contract value for the insurance company pooled separate account was determined by the Plan sponsor by calculating the Plan's proportional share of the adjustment listed in the funds audited financial statements.

At December 31, 2009, the statement of net assets available for benefits presents the fair value of the investment in the fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of investments, which consists of the realized and unrealized gains or losses on those investments.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in them, including the accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility.

3. Significant Accounting Policies (continued)

Fair Value of Investments

The Plan follows FASB ASC 820, *Fair Value Measurement and Disclosures* (ASC 820), for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including the Plan's own credit risk.

In addition to defining fair value, ASC 820 expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in the measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 – Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 – Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

4. Investments

The Plan's investments are held and administered by the trustee, New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. All investment information disclosed in the accompanying financial statements, including investments held at October 1, 2010 and December 31, 2009, interest income and net appreciation (depreciation) in fair value of investments for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, were obtained and certified as complete and accurate by New York Life Trust Company, the trustee of the Plan.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

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MainStay Large Cap Growth I Fund	-	1,679,578
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New York Life Insurance Anchor Account III	-	13,278,251

The contract value of the New York Life Insurance Anchor Account III at December 31, 2009 was $13,947,743. The average yield and interest rate credited to Plan participants was 3.03% for 2009.

5. Fair Value Measurements

There are no fair value measurements as of October 1, 2010, as there were no investments remaining in the Plan as of that date.

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall, for assets measured on a recurring basis as of December 31, 2009:

Description	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	$14,624,791	$ -	$ -	$ 14,624,791
Insurance company pooled separate account		13,278,251		13,278,251
Total investments	$14,624,791	$ 13,278,251	$ -	$ 27,903,042

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 14, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has adopted amendments since this date, and believes that the Plan and related trust are designed and are currently being operated in accordance with applicable sections of the Internal Revenue Code.

7. Party-in-Interest Transactions

New York Life Trust Company is the trustee of the Plan; therefore, transactions in the New York Life Insurance Anchor Account III qualify as party-in-interest transactions.

8. Subsequent Event

The Plan has evaluated events occurring between October 1, 2010 and May 24, 2011, the date the financial statements were available to be issued.

Financial Statements

Tilcon Inc. Employee Thrift Plan

Period from January 1, 2010 to October 1, 2010 and
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Tilcon Inc. Employee Thrift Plan

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Report of Independent Auditors

To the Pension Committee
Tilcon Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Tilcon Inc. Employee Thrift Plan (the Plan) as of October 1, 2010 and December 31, 2009, and the related statements of changes in net assets available for benefits for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of October 1, 2010 and December 31, 2010, and for the period from January 1, 2010 to October 1, 2010 and the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
May 24, 2011

Tilcon Inc. Employee Thrift Plan

Statements of Net Assets Available for Benefits

	October 1, 2010	December 31, 2009
Assets		
Investments at fair value:		
Mutual funds	**$ -**	$ 14,624,791
Insurance company pooled separate account	-	13,278,251
Total investments at fair value	-	27,903,042
Contributions receivable:		
Employer	-	21,488
Employee	-	31,246
Total contributions receivable	-	52,734
Total assets	-	27,955,776
Net assets reflecting all investments at fair value	-	27,955,776
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	669,492
Net assets available for benefits	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Statements of Changes in Net Assets Available for Benefits

	Period from January 1, 2010 to October 1, 2010	Year Ended December 31, 2009
Additions		
Investment income:		
Net appreciation in fair value of mutual funds	**$ 899,018**	$ 3,509,644
Interest income	**217,496**	646,668
Total investment income	**1,116,514**	4,156,312
Contributions:		
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Employee	**-**	2,054,844
Total contributions	**-**	3,468,633
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Deductions		
Benefit payments	**2,065,142**	2,956,441
Total deductions	**2,065,142**	2,956,441
Net (decrease) increase in net assets before transfer	**(948,628)**	4,668,504
Transfer of assets to the Oldcastle Materials, Inc. Retirement Savings Plan	**(27,676,640)**	-
Net (decrease) increase in net assets available for benefits	**(28,625,268)**	4,668,504
Net assets available for benefits, beginning of year	**28,625,268**	23,956,764
Net assets available for benefits, end of year	**$ -**	$ 28,625,268

See accompanying notes

Tilcon Inc. Employee Thrift Plan

Notes to Financial Statements

Period from January 1, 2010 to October 1, 2010 and
Year ended December 31, 2009

1. Plan Status

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made to the Plan for the period from January 1, 2010 to October 1, 2010. The Tilcon Inc. Pension Committee voted to merge the Plan effective October 1, 2010 (Merger Date) with and into the Oldcastle Materials, Inc. Retirement Savings Plan. As of the Merger Date, all remaining assets totaling $27,676,640 transferred to the Oldcastle Materials, Inc. Retirement Savings Plan. Participants who were eligible to participate in the Tilcon, Inc. Employee Thrift Plan are immediately eligible to participate in the Oldcastle Materials, Inc. Retirement Savings Plan.

2. Description of the Plan

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Expenses of the Plan were paid by the plan sponsor.

Effective January 1, 2009, the Plan suspended minimum required distributions (MRDs) as permitted under the Worker, Retiree, and Employer Recovery Act of 2008 (the Act). The Act suspended MRDs to allow workers anticipating MRDs not to take such distributions from retirement assets depleted from the market downturn in 2008.

2. Description of the Plan (continued)

The Plan sponsor elected to freeze the Plan effective December 31, 2009. As a result, no new employees were eligible to participate in the Plan on or after December 31, 2009, and no employee or employer contributions were made for the Plan years ending after December 31, 2009.

The information above provides only general information. Additional information about the Plan is contained in the Summary Plan Description Booklet, *Your Plan, Tilcon Inc. Employee Thrift Plan*. Copies of the booklet are available from the Plan administrator.

3. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of Investments and Income Recognition

The Plan's mutual funds are stated at fair value, which is based on quoted market prices in an active market. The market value of mutual funds is based on the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis.

The Plan’s investments in the New York Life Insurance Company (New York Life) insurance company pooled separate account (New York Life Insurance Anchor Account III) is accounted for in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, which discusses the accounting treatment for fully benefit-responsive investment contracts. Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

3. Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition (continued)

The Plan's investment in the New York Life insurance company pooled separate account (New York Life Insurance Anchor Account III) is determined by the fund manager based on the underlying investments within each fund and is expressed in units representing the net asset value of each fund by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. At December 31, 2009, the adjustment from fair value to contract value for the insurance company pooled separate account was determined by the Plan sponsor by calculating the Plan's proportional share of the adjustment listed in the funds audited financial statements.

At December 31, 2009, the statement of net assets available for benefits presents the fair value of the investment in the fully benefit-responsive investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of investments, which consists of the realized and unrealized gains or losses on those investments.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in them, including the accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility.

3. Significant Accounting Policies (continued)

Fair Value of Investments

The Plan follows FASB ASC 820, *Fair Value Measurement and Disclosures* (ASC 820), for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including the Plan's own credit risk.

In addition to defining fair value, ASC 820 expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in the measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 – Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 – Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

4. Investments

The Plan's investments are held and administered by the trustee, New York Life Trust Company as of October 1, 2010 and December 31, 2009, and for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009. All investment information disclosed in the accompanying financial statements, including investments held at October 1, 2010 and December 31, 2009, interest income and net appreciation (depreciation) in fair value of investments for the period from January 1, 2010 to October 1, 2010 and for the year ended December 31, 2009, were obtained and certified as complete and accurate by New York Life Trust Company, the trustee of the Plan.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2010	2009
T. Rowe Price Retirement 2030 Fund	$ -	$ 2,167,662
MainStay Large Cap Growth I Fund	-	1,679,578
American EuroPacific Growth R4 Fund	-	2,214,759
New York Life Insurance Anchor Account III	-	13,278,251

The contract value of the New York Life Insurance Anchor Account III at December 31, 2009 was $13,947,743. The average yield and interest rate credited to Plan participants was 3.03% for 2009.

5. Fair Value Measurements

There are no fair value measurements as of October 1, 2010, as there were no investments remaining in the Plan as of that date.

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall, for assets measured on a recurring basis as of December 31, 2009:

Description	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	$14,624,791	$ -	$ -	$ 14,624,791
Insurance company pooled separate account		13,278,251		13,278,251
Total investments	$14,624,791	$ 13,278,251	$ -	$ 27,903,042

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 14, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has adopted amendments since this date, and believes that the Plan and related trust are designed and are currently being operated in accordance with applicable sections of the Internal Revenue Code.

7. Party-in-Interest Transactions

New York Life Trust Company is the trustee of the Plan; therefore, transactions in the New York Life Insurance Anchor Account III qualify as party-in-interest transactions.

8. Subsequent Event

The Plan has evaluated events occurring between October 1, 2010 and May 24, 2011, the date the financial statements were available to be issued.