

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AGGREGATE INDUSTRIES, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>02/01/1966</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AGGREGATE INDUSTRIES MANAGEMENT, INC.</u> <u>7529 STANDISH PLACE</u> <u>SUITE 200</u> <u>ROCKVILLE, MD 20855</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1527022</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>301-795-1900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>212320</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1527022</u>	2c Sponsor's telephone number <u>301-795-1900</u>	2d Business code (see instructions) <u>212320</u>	
2b Employer Identification Number (EIN) <u>54-1527022</u>					
2c Sponsor's telephone number <u>301-795-1900</u>					
2d Business code (see instructions) <u>212320</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	AL STONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	AL STONE
	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.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AGGREGATE INDUSTRIES MANAGEMENT, INC. 7529 STANDISH PLACE SUITE 200 ROCKVILLE, MD 20855	3b Administrator's EIN 54-1527022 3c Administrator's telephone number 301-795-1900
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	685
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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	149
b Retired or separated participants receiving benefits.....	6b	48
c Other retired or separated participants entitled to future benefits.....	6c	429
d Subtotal. Add lines 6a , 6b , and 6c	6d	626
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	20
f Total. Add lines 6d and 6e	6f	646
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I 3H

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>AGGREGATE INDUSTRIES, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AGGREGATE INDUSTRIES MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>54-1527022</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>16397476</u>
b	Actuarial value 2b <u>17159763</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>67</u> <u>3133744</u>
b	For terminated vested participants 3b <u>446</u> <u>7843184</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>341630</u>
(2)	Vested benefits 3c(2) <u>8070666</u>
(3)	Total active 3c(3) <u>172</u> <u>8412296</u>
d	Total 3d <u>685</u> <u>19389224</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.59</u> %
6	Target normal cost 6 <u>9903</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/20/2011</u>
Signature of actuary <u>ANDRE STUART</u>	Date <u>11-07057</u>
Type or print name of actuary <u>NEW YORK LIFE RETIREMENT PLAN SERVI</u>	Most recent enrollment number <u>781-619-2000</u>
Firm name <u>690 CANTON STREET</u> <u>WESTWOOD, MA 02090</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2220658	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	295299	0
9	Amount remaining (Item 7 minus item 8).....	1925359	0
10	Interest on item 9 using prior year's actual return of <u>19.14</u> %	368514	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>8.08</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	645490	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1648383	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2010	73825				
07/15/2010	73825				
01/11/2011	73825				
03/31/2011	265408				
			Totals ►	18(b)	486883
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 458164
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	9903
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3102275	518473
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	528376
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	70212	0
36 Additional cash requirement (item 34 minus item 35).....	36	458164
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	458164
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan AGGREGATE INDUSTRIES, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AGGREGATE INDUSTRIES MANAGEMENT, INC.	D Employer Identification Number (EIN) 54-1527022	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEW YORK LIFE INVESTMENT MANAGEMENT
52-2206685

(b) Enter name and EIN or address of person who provided you disclosure 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)

JPMORGAN

71-0930784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	RETAINED BY EMPLOYER	41323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOLF COMPANY LLP

36-2985665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY EMPLOYER	7700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC.

3455 PEACHTREE ROAD NE
SUITE 1700
ATLANTA, GA 30326

(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?
27	RETAINED BY EMPLOYER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AON HEWITT

BOX 905188
CHARLOTTE, NC 28290-5188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	RETAINED BY EMPLOYER	26892	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
UBS FINANCIAL SERVICES, INC.	55	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NYLIFE DISTRIBUTORS LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054 56-2412827	15 BASIS POINTS TRAILING COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	WOLF & COMPANY LLP	b EIN:	36-2985665
c Position:	AUDITOR		
d Address:	2100 CLEARWATER DRIVE OAK BROOK, IL 60523	e Telephone:	630-545-4500

Explanation: CONSOLIDATION OF ACCOUNTING FIRM FOR MULTIPLE PLANS

a Name:	BRIAN C DONOHUE	b EIN:	36-3051915
c Position:	ACTUARY		
d Address:	200 EAST RANDOLPH STREET CHICAGO, IL 60601	e Telephone:	312-381-1000

Explanation: PLAN DECISION

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan AGGREGATE INDUSTRIES, INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AGGREGATE INDUSTRIES MANAGEMENT, INC.	D Employer Identification Number (EIN) 54-1527022	

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	30909	31378
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	339233
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		291547
(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)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16366567	16300634
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16397476	16962792

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16397476	16962792
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	487998	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	1372	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		489370

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)		0

(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)	204800	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		204800

(3) Rents	2b(3)		
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(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		1630291
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2324461

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1683230	
(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)		1683230
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	34592	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	41323	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75915
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1759145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		565316
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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.).....		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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>AGGREGATE INDUSTRIES, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AGGREGATE INDUSTRIES MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>54-1527022</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>24</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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
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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
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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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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): _____

Aggregate Industries, Inc. Pension Plan

Financial Report
December 31, 2010

Aggregate Industries, Inc. Pension Plan

Contents

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Independent Auditor's Report

To the Plan Administrator
Aggregate Industries, Inc. Pension Plan

We were engaged to audit the financial statements and supplemental schedule of Aggregate Industries, Inc. Pension Plan (the "Plan") as of December 31, 2010 and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of Aggregate Industries, Inc. Pension Plan, as of and for the year ended December 31, 2009, were audited by other auditors, whose report dated October 1, 2010 disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by New York Life Trust Company and State Street Bank & Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the Trustees as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the Trustees 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 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Plante & Moran, PLLC

Toledo, Ohio
October 11, 2011

Aggregate Industries, Inc. Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments:		
Money market fund	\$ 291,547	\$ 323,706
Mutual funds	16,300,634	16,042,861
Total investments	16,592,181	16,366,567
Contributions receivable	339,233	-
Pending trade receivable	31,378	30,909
Net Assets Available for Benefits	\$ 16,962,792	\$ 16,397,476

Aggregate Industries, Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2010	December 31, 2009
Additions to Net Assets		
Contributions - Employer	\$ 486,883	\$ -
Investment income:		
Interest and dividends	509,639	343,822
Net appreciation in fair value of mutual funds	1,328,395	2,191,214
Total investment income	1,838,034	2,535,036
Total additions	2,324,917	2,535,036
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,683,685	1,669,439
Administrative expenses	75,916	9,903
Total deductions	1,759,601	1,679,342
Net Increase	565,316	855,694
Net Assets Available for Benefits		
Beginning of year	16,397,476	15,541,782
End of year	<u>\$ 16,962,792</u>	<u>\$ 16,397,476</u>

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

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

General - The Plan is a defined benefit plan covering employees of Aggregate Industries Management, Inc., formerly Aggregate Industries, Inc. (the "Company") and employees of other affiliated companies who had entered the Plan as a participant prior to January 1, 1999 and were an employee on December 31, 1998, in accordance with the terms of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Each employee who had entered the Plan as a participant prior to January 1, 1999 and was an employee on December 31, 1998 shall continue to participate in the Plan. No other employee shall become a participant in the Plan after December 31, 1998, notwithstanding any other provision of the Plan to the contrary.

Effective April 30, 2009, benefit accruals were frozen, and no future benefits will be earned by participants.

Participants are fully vested for normal retirement benefits after five years of service.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank & Trust Company. State Street Bank & Trust Company is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump sum or in various installment annuities. The monthly benefit is based on a formula which takes into account the participants's covered compensation, annual compensation, final average compensation, and credited service.

Participants may elect to receive benefits under one of the following: (1) life and 10-year certain annuity, (2) joint and 50 percent survivor annuity, (3) joint and 100 percent survivor annuity, (4) life annuity, and (5) lump-sum payment.

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

The Plan provides normal retirement benefits at age 65 and reduced benefits for early retirement after reaching age 55. Normal retirement benefits are available upon completion of at least five years of service or permanent and total disability.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments in mutual funds and the money market fund are stated at fair value, which is based on quoted market prices. See Note 4 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

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

Benefits are calculated based on active employees' credited years of service multiplied by a specified percentage of their average compensation plus a specified percentage of their average compensation in excess of the Social Security Integration Level.

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

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2010 and 2009 are summarized as follows:

Actuarial cost method	- Traditional unit credit
Assumed rate of return	- 5.35% per annum in 2010 and 6.25% in 2009
Mortality basis	- RP-2000 Combined Healthy Projection AA Mortality Table for 2010 and 2009
Retirement	- Age 65 for 2010 and 2009

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

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market and credit. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 11, 2011, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Investment Information

In October 2009, the Plan changed its trustee from State Street Bank & Trust Company to New York Life Trust Company (collectively, the "Trustees"). The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustees.

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Unaudited Investment Information (Continued)

Investments that exceed 5 percent of end of the year net assets are as follows:

	2010	2009
Mutual funds at fair value:		
PIMCO Total Return Fund R	\$ 3,828,021	\$ 3,909,422
MainStay MAP Fund R2	1,021,150	982,249
MainStay Large-cap Growth R2	1,401,569	1,345,958
MFS Value Fund R2	1,324,812	1,321,454
Templeton Global Bond Fund A	2,673,765	2,617,120

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level I
Money market fund	\$ 291,547
Mutual funds:	
Equity	9,798,848
Fixed	6,501,786
Total	<u>\$ 16,592,181</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level I
Money market fund	\$ 323,706
Mutual funds:	
Equity	9,516,319
Fixed	6,526,542
Total	<u>\$ 16,366,567</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2010 and 2009.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 19, 2009 indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The plan administrators believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Plan Termination

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

1. To provide continuing pension benefits to participants who have retired, or were eligible to retire but chose not to, at least three years preceding the date the Plan terminated
2. To provide pensions, commencing at age 65, to participants who are eligible to receive guaranteed benefits under ERISA

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 6 - Plan Termination (Continued)

3. To provide pensions, commencing at age 65, to all remaining participants to the extent such participants are entitled thereto

If the available funds are insufficient to provide full benefits specified in any of the above priority classifications, the participants covered under the classification will share pro rata in the remaining assets. In the event assets remain representing overfunding due to actuarial errors and unanticipated investment gains after the complete satisfaction of all liabilities of the Plan, distribution of such assets will be made to the Company.

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

Note 7 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the years ended December 31, 2010 and 2009, the most recent actuarial valuations, are as follows:

	2010	2009
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 3,386,807	\$ 3,147,218
Other vested participants	17,740,718	16,096,498
Total vested benefits	21,127,525	19,243,716
Nonvested benefits	108,274	142,326
Total benefit obligations	\$ 21,235,799	\$ 19,386,042

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 7 - Accumulated Plan Benefits (Continued)

A summary of significant changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2010 and 2009 are as follows:

	2010	2009
Actuarial Present Value of Accumulated Plan		
Benefits - Beginning of year	\$ 19,386,042	\$ 19,966,337
(Decrease) increase during the year attributable to:		
Benefits accumulated	(553,235)	258,984
Increase for interest due to the decrease in the discount period	1,159,824	1,244,409
Changes in actuarial assumptions	2,926,853	(414,249)
Benefits paid	<u>(1,683,685)</u>	<u>(1,669,439)</u>
Net increase (decrease)	<u>1,849,757</u>	<u>(580,295)</u>
Actuarial Present Value of Accumulated Plan		
Benefits - End of year	<u>\$ 21,235,799</u>	<u>\$ 19,386,042</u>

The change in actuarial assumptions for the years ended December 31, 2010 and 2009 are due to changes in the interest rate of return.

Note 8 - Subsequent Events

Subsequent to year end, the Plan's investment portfolio has incurred a significant decline in fair value, consistent with the general decline in financial markets. However, because the values of individual investments fluctuate with market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined.

Aggregate Industries, Inc. Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 54-1527022, Plan No. 002 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
T. Rowe Price	Money market fund - T. Rowe Price U.S. Treasury MM Fd	\$ 291,547	\$ 291,547
	Mutual funds:		
PIMCO Funds	PIMCO Total Return Fund R	3,852,963	3,828,021
MainStay Funds	MainStay MAP Fund R2	888,809	1,021,150
MainStay Funds	MainStay Large-cap Growth R2	1,170,066	1,401,569
BlackRock Funds	BlackRock U.S. Opps Port A	297,456	368,201
Oppenheimer Funds	Oppenheimer Dev Markets Fund A	444,217	581,040
BlackRock Funds	BlackRock Intl Opps Fund A	592,526	635,752
Thornburg Investment Management	Thornburg Intl Value Fund R3	585,368	656,269
AIM Investments	Invesco Real Estate Fund R	151,975	198,699
The American Funds	American EuroPacific Growth R2	590,888	626,879
BlackRock Funds	BlackRock S&P 500 Index A	452,956	515,867
Calamos Investments	Calamos Market Neutral Inc R	592,720	620,301
JPMorgan Trust	Highbridge Stat Mkt Neut Fnd A	580,703	548,408
Prudential Investments	Pru Jennison Nat Resources R	599,407	744,016
MFS Investments Management	MFS Value Fund R2	1,188,362	1,324,812
RidgeWorth Funds	RidgeWorth Small Value Eqty A	149,252	194,898
Franklin Templeton Investments	Templeton Global Bond Fund A	2,501,795	2,673,765
Victory Funds	Victory Established Value A	322,895	360,987
	Total	<u>\$ 15,253,905</u>	<u>\$ 16,592,181</u>

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<u>Age</u>	<u>Actuarial Exposure</u>	<u>Rate of Retirement</u>	<u>Number Retiring</u>
55	10,000.00	5.00%	500.0
56	9,500.00	5.00%	475.0
57	9,025.00	5.00%	451.3
58	8,573.75	5.00%	428.7
59	8,145.06	5.00%	407.3
60	7,737.81	10.00%	773.8
61	6,964.03	10.00%	696.4
62	6,267.63	20.00%	1253.5
63	5,014.10	15.00%	752.1
64	4,261.99	15.00%	639.3
65	3,622.69	100.00%	3622.7

Average Retirement Age: 62

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods</p>
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Actuarial assumptions are estimates of the occurrence of future events affecting the costs of the plan. The assumptions have been chosen to anticipate the long-term experience of the plan. The enrolled actuary will certify the reasonableness of these assumptions, as required by ERISA.

The actuarial assumptions used to compute this year's plan costs are as follows:

Investment Return:

PPA Segment Rates	Funding Target and PBGC
- Segment 1: Up to Year 5	4.60%
- Segment 2: Years 5-20	6.65%
- Segment 3: Years 20+	6.76%

ASC 960 Assumed Investment Return	6.25%
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Annual rates of increase:

- Salaries	N/A
- Future Social Security wage bases	N/A
- Statutory limits on compensation and benefits	N/A

Mortality:

- Funding Target / PBGC	IRS 2010 Static Mortality Table
- ASC 960	RP-2000 Combined Healthy Projection AA Mortality Table (fully generational)

Terminations:

Illustration of annual rates of withdrawal is as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	5.39%	9.91%
25	5.22%	9.63%
30	4.98%	9.25%
35	4.58%	8.63%
40	4.00%	7.64%
45	3.24%	6.21%
50	1.99%	4.05%
55	0.12%	1.26%

Disability:	None
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Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods</p>
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Assumed Retirement Age: Normal Retirement Age for all deferred vested participants. Illustration of annual rates of retirement for all other eligible participants is as follows:

<u>Age</u>	<u>Rate</u>
55 to 59	5.00%
60	10.00%
61	10.00%
62	20.00%
63	15.00%
64	15.00%
65	100.00%

Payment Form Assumptions: - 85% of future retirees assumed to take a lump sum
- 15% assumed to take an annuity

Lump Sum Assumptions:

Funding: Lump sum payments are calculated based on the 30-year Treasury rate with a November lookback month for the valuation year and 5.00% for future years, and the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination. Otherwise, lump sum payments are calculated based on the same interest rates as those used for the Funding Target and the IRS 2010 Applicable Mortality Table for 417(e).

ASC 960: Lump sum payments are calculated based on an interest rate of 6.25%, and either the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination, or the IRS 2010 Applicable Mortality Table for 417(e) otherwise.

Administrative Expenses: Equal to the prior year's actual expenses. For this valuation, the assumed expenses are \$9,903.

Married Assumptions: - 80% of employees are assumed to be married
- Husbands are assumed to be 4 years older than wives

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Effective Dates:	Original Plan: February 1, 1966 Last Amendment: December 31, 2009
Eligibility Requirements:	1,000 hours of service. Eligibility frozen as of December 31, 1998.
Plan Entry Date:	Nonunion employees become eligible to participate on the January 1 or July 1 coincident with or following completion of 1,000 hours of service. No new participants can enter the Plan after December 31, 1998
Vesting:	A Participant who terminates employment prior to his Normal Retirement Date shall be 100% vested in their Accrued Benefit after 5 years of service.
Year of Credited Service:	Any Plan Year commencing as of the participant's date of employment during which the employee is an eligible employee and is credited with 1,000 or more hours of service. Credited Service is frozen as of April 30, 2009.
Year of Vesting Service:	A year of vesting service is earned during the plan year in which an employee completes 1,000 hours of service.
Normal Retirement Date:	The first month coinciding with or next following the later of (a) the date on which the Participant attains age 65 and (b) the earlier of (i) five years of Vesting Service or (ii) the fifth anniversary of commencement of Participation.
Compensation:	Taxable wages paid by the company for a plan year, including any salary reduction contributions made by the company on the Participant's behalf, but not including bonuses or other special payments. Annual compensation does not include any remuneration paid to a Participant after April 30, 2009. Each plan year's compensation is limited by law.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Average Compensation: Average of a Participant's annual compensation for the five consecutive plan years, of the last ten plan years, which produces the highest average. For purposes of calculating average compensation, earnings after April 30, 2009 are not considered.

Accrued Benefit: An annual income (payable monthly) for life with 10 years guaranteed equal to the sum of (a) and (b), as follows:

- (a) The greater of (i) and (ii):
 - (i) 0.65% of Average Compensation not in excess of Covered Compensation plus 1.2% of Average Compensation in excess of Covered Compensation, the sum multiplied by years of Credited Service, frozen at April 30, 2009 (maximum 30 years).
 - (ii) For employees who entered the plan before October 1, 1988: The aggregate of the 30 consecutive units of benefit which produce the largest benefit. For each plan year, a unit of benefit equals 0.5% of Annual Compensation not in excess of \$9,000, plus 1% of Annual Compensation in excess of \$9,000.
- (b) For employees who completed an hour of service after September 30, 1990, sixty dollars times years of Credited Service, frozen at April 30, 2009 (maximum 30 years).

Special minimum benefit provisions apply for employees of Walt Flanagan & Company.

Normal Retirement Benefit: *Eligibility:*
Attained upon reaching the Normal Retirement Date.

Benefit:
The Accrued Benefit payable at Normal Retirement Date.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Early Retirement Benefit:

Eligibility:

Termination of employment after the first day of any month following the Participant's 55th birthday and after completion of five years of Vesting Service.

Benefit:

An amount equal to the Participant's Accrued Benefit as of termination of employment. The benefit amount other than the flat dollar portion is reduced by five-ninths of one percent for each of the first 60 months and by five-eighteenths of one percent for each of the next 60 months, by which commencement date precedes Normal Retirement Date. For a lump sum payment form, the accrued benefit is actuarially reduced.

For purposes of calculating the actuarial equivalent lump sum:

- For Participants who are at least age fifty-five at termination or retirement, the Applicable Interest Rate is the annual interest rate on 30-year Treasury securities as specified by the IRS for November of the immediately prior plan year and the Applicable Mortality Table is the GAR 94 Mortality Table prescribed in IRS Revenue Ruling 2001-62.
- The lump sum amount calculated for Participants who terminate employment prior to attaining age 55 shall be the PPA Minimum Lump Sum as calculated under IRC section 417(e), using the interest rates for November of the immediately prior plan year.

Late Retirement Benefit:

Eligibility:

A Participant may retire at any time after his Normal Retirement Date.

Benefit:

The Participant is entitled to a non-forfeitable Normal Retirement Benefit payable at the earlier of (i) the month following the month during which his employment terminates, or (ii) April 1, of the calendar year following the calendar year in which he attains age 70 1/2.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Death Benefit:

Eligibility:

Surviving spouse of a Participant who has either attained Normal Retirement Age or completed 5 years of Vesting Service and has been married to the Participant for at least one year in the event of the Participant's death before benefit payments commence.

Benefit:

50% of the amount payable had the Participant retired on the day prior to his date of death or after attainment of age 55 if later and elected a 50% Joint and Survivor Annuity. The benefit will be payable no earlier than the date the Participant would have become eligible for early retirement, and will be payable for the surviving spouse's lifetime.

Disability Benefit:

Eligibility:

Five years of Vesting Service and must be totally and permanently disabled.

Benefit:

Immediate Normal Retirement Benefit subject to Early Retirement reduction.

Normal Form of Benefit:

Ten Year Certain and Life

Automatic Form of Benefit:

50% Joint and Survivor Annuity if married
All other Participants will receive an actuarially increased pension benefit payable in the form of a life annuity.

Optional Forms of Benefit:

Ten Year Certain and Life
75% Joint and Survivor Annuity
100% Joint and Survivor Annuity
Lump Sum payment

ATTACHMENT TO 2010 FORM 5500
Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.

EIN: 54-1527022
PN: 002

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	1	0	0	0	0	0	0	1
35 to 39	0	0	0	8	0	0	0	0	0	0	8
40 to 44	0	0	0	18	5	0	0	0	0	0	23
45 to 49	0	0	0	20	4	4	2	0	0	0	30
50 to 54	0	0	1	30	5	2	1	0	0	0	39
55 to 59	0	0	1	23	1	7	2	3	1	0	38
60 to 64	0	0	0	20	5	3	0	1	1	0	30
65 to 69	0	0	0	1	1	0	0	0	0	0	2
70 & up	1	0	0	0	0	0	0	0	0	0	1
	1	0	2	121	21	16	5	4	2	0	172

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan Aggregate Industries, Inc. Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Aggregate Industries Management, Inc.	D Employer Identification Number (EIN) 54-1527022	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	16,397,476	
b Actuarial value.....	2b	17,159,763	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	67	3,133,744
b For terminated vested participants	3b	446	7,843,184
c For active participants:			
(1) Non-vested benefits.....	3c(1)		341,630
(2) Vested benefits.....	3c(2)		8,070,666
(3) Total active	3c(3)	172	8,412,296
d Total.....	3d	685	19,389,224
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.59 %	
6 Target normal cost.....	6	9,903	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/20/2011</u> Date
	Andre Stuart Type or print name of actuary	11-07057 Most recent enrollment number
	New York Life Retirement Plan Servi Firm name	(781) 619-2000 Telephone number (including area code)
	690 Canton Street Address of the firm	
	Westwood MA 02090	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2,220,658	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	295,299	0
9 Amount remaining (Item 7 minus item 8)	1,925,359	0
10 Interest on item 9 using prior year's actual return of <u>19.14</u> %	368,514	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>8.08</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	645,490	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,648,383	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2010	73,825				
07/15/2010	73,825				
01/11/2011	73,825				
03/31/2011	265,408				
Totals ▶			18(b)	486,883	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	458,164

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	9,903
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,102,275	518,473
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	528,376
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	70,212	0
36 Additional cash requirement (item 34 minus item 35)	36	458,164
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	458,164
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Attachment to 2010 Form 5500

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<u>Age</u>	<u>Actuarial Exposure</u>	<u>Rate of Retirement</u>	<u>Number Retiring</u>
55	10,000.00	5.00%	500.0
56	9,500.00	5.00%	475.0
57	9,025.00	5.00%	451.3
58	8,573.75	5.00%	428.7
59	8,145.06	5.00%	407.3
60	7,737.81	10.00%	773.8
61	6,964.03	10.00%	696.4
62	6,267.63	20.00%	1253.5
63	5,014.10	15.00%	752.1
64	4,261.99	15.00%	639.3
65	3,622.69	100.00%	3622.7

Average Retirement Age: 62

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
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Actuarial assumptions are estimates of the occurrence of future events affecting the costs of the plan. The assumptions have been chosen to anticipate the long-term experience of the plan. The enrolled actuary will certify the reasonableness of these assumptions, as required by ERISA.

The actuarial assumptions used to compute this year's plan costs are as follows:

Investment Return:

PPA Segment Rates	Funding Target and PBGC
- Segment 1: Up to Year 5	4.60%
- Segment 2: Years 5-20	6.65%
- Segment 3: Years 20+	6.76%

ASC 960 Assumed Investment Return	6.25%
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Annual rates of increase:

- Salaries	N/A
- Future Social Security wage bases	N/A
- Statutory limits on compensation and benefits	N/A

Mortality:

- Funding Target / PBGC	IRS 2010 Static Mortality Table
- ASC 960	RP-2000 Combined Healthy Projection AA Mortality Table (fully generational)

Terminations:

Illustration of annual rates of withdrawal is as follows:

Age	Male	Female
20	5.39%	9.91%
25	5.22%	9.63%
30	4.98%	9.25%
35	4.58%	8.63%
40	4.00%	7.64%
45	3.24%	6.21%
50	1.99%	4.05%
55	0.12%	1.26%

Disability:	None
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Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods</p>
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Assumed Retirement Age: Normal Retirement Age for all deferred vested participants. Illustration of annual rates of retirement for all other eligible participants is as follows:

<u>Age</u>	<u>Rate</u>
55 to 59	5.00%
60	10.00%
61	10.00%
62	20.00%
63	15.00%
64	15.00%
65	100.00%

Payment Form Assumptions: - 85% of future retirees assumed to take a lump sum
- 15% assumed to take an annuity

Lump Sum Assumptions:

Funding: Lump sum payments are calculated based on the 30-year Treasury rate with a November lookback month for the valuation year and 5.00% for future years, and the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination. Otherwise, lump sum payments are calculated based on the same interest rates as those used for the Funding Target and the IRS 2010 Applicable Mortality Table for 417(e).

ASC 960: Lump sum payments are calculated based on an interest rate of 6.25%, and either the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination, or the IRS 2010 Applicable Mortality Table for 417(e) otherwise.

Administrative Expenses: Equal to the prior year's actual expenses. For this valuation, the assumed expenses are \$9,903.

Married Assumptions: - 80% of employees are assumed to be married
- Husbands are assumed to be 4 years older than wives

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Effective Dates:	Original Plan: February 1, 1966 Last Amendment: December 31, 2009
Eligibility Requirements:	1,000 hours of service. Eligibility frozen as of December 31, 1998.
Plan Entry Date:	Nonunion employees become eligible to participate on the January 1 or July 1 coincident with or following completion of 1,000 hours of service. No new participants can enter the Plan after December 31, 1998
Vesting:	A Participant who terminates employment prior to his Normal Retirement Date shall be 100% vested in their Accrued Benefit after 5 years of service.
Year of Credited Service:	Any Plan Year commencing as of the participant's date of employment during which the employee is an eligible employee and is credited with 1,000 or more hours of service. Credited Service is frozen as of April 30, 2009.
Year of Vesting Service:	A year of vesting service is earned during the plan year in which an employee completes 1,000 hours of service.
Normal Retirement Date:	The first month coinciding with or next following the later of (a) the date on which the Participant attains age 65 and (b) the earlier of (i) five years of Vesting Service or (ii) the fifth anniversary of commencement of Participation.
Compensation:	Taxable wages paid by the company for a plan year, including any salary reduction contributions made by the company on the Participant's behalf, but not including bonuses or other special payments. Annual compensation does not include any remuneration paid to a Participant after April 30, 2009. Each plan year's compensation is limited by law.

Plan Name: Aggregate Industries, Inc. Pension Plan
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<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Average Compensation: Average of a Participant's annual compensation for the five consecutive plan years, of the last ten plan years, which produces the highest average. For purposes of calculating average compensation, earnings after April 30, 2009 are not considered.

Accrued Benefit: An annual income (payable monthly) for life with 10 years guaranteed equal to the sum of (a) and (b), as follows:

- (a) The greater of (i) and (ii):
 - (i) 0.65% of Average Compensation not in excess of Covered Compensation plus 1.2% of Average Compensation in excess of Covered Compensation, the sum multiplied by years of Credited Service, frozen at April 30, 2009 (maximum 30 years).
 - (ii) For employees who entered the plan before October 1, 1988: The aggregate of the 30 consecutive units of benefit which produce the largest benefit. For each plan year, a unit of benefit equals 0.5% of Annual Compensation not in excess of \$9,000, plus 1% of Annual Compensation in excess of \$9,000.
- (b) For employees who completed an hour of service after September 30, 1990, sixty dollars times years of Credited Service, frozen at April 30, 2009 (maximum 30 years).

Special minimum benefit provisions apply for employees of Walt Flanagan & Company.

Normal Retirement Benefit: *Eligibility:*
Attained upon reaching the Normal Retirement Date.

Benefit:
The Accrued Benefit payable at Normal Retirement Date.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
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<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Early Retirement Benefit:

Eligibility:

Termination of employment after the first day of any month following the Participant's 55th birthday and after completion of five years of Vesting Service.

Benefit:

An amount equal to the Participant's Accrued Benefit as of termination of employment. The benefit amount other than the flat dollar portion is reduced by five-ninths of one percent for each of the first 60 months and by five-eighteenthths of one percent for each of the next 60 months, by which commencement date precedes Normal Retirement Date. For a lump sum payment form, the accrued benefit is actuarially reduced.

For purposes of calculating the actuarial equivalent lump sum:

- For Participants who are at least age fifty-five at termination or retirement, the Applicable Interest Rate is the annual interest rate on 30-year Treasury securities as specified by the IRS for November of the immediately prior plan year and the Applicable Mortality Table is the GAR 94 Mortality Table prescribed in IRS Revenue Ruling 2001-62.
- The lump sum amount calculated for Participants who terminate employment prior to attaining age 55 shall be the PPA Minimum Lump Sum as calculated under IRC section 417(e), using the interest rates for November of the immediately prior plan year.

Late Retirement Benefit:

Eligibility:

A Participant may retire at any time after his Normal Retirement Date.

Benefit:

The Participant is entitled to a non-forfeitable Normal Retirement Benefit payable at the earlier of (i) the month following the month during which his employment terminates, or (ii) April 1, of the calendar year following the calendar year in which he attains age 70 1/2.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
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<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Death Benefit:

Eligibility:

Surviving spouse of a Participant who has either attained Normal Retirement Age or completed 5 years of Vesting Service and has been married to the Participant for at least one year in the event of the Participant's death before benefit payments commence.

Benefit:

50% of the amount payable had the Participant retired on the day prior to his date of death or after attainment of age 55 if later and elected a 50% Joint and Survivor Annuity. The benefit will be payable no earlier than the date the Participant would have become eligible for early retirement, and will be payable for the surviving spouse's lifetime.

Disability Benefit:

Eligibility:

Five years of Vesting Service and must be totally and permanently disabled.

Benefit:

Immediate Normal Retirement Benefit subject to Early Retirement reduction.

Normal Form of Benefit:

Ten Year Certain and Life

Automatic Form of Benefit:

50% Joint and Survivor Annuity if married
All other Participants will receive an actuarially increased pension benefit payable in the form of a life annuity.

Optional Forms of Benefit:

Ten Year Certain and Life
75% Joint and Survivor Annuity
100% Joint and Survivor Annuity
Lump Sum payment

Attachment to 2010 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Aggregate Industries, Inc. Pension Plan

EIN: 54-1527022

Plan Sponsor's Name Aggregate Industries Management, Inc.

PN: 002

Describe any change in non-prescribed actuarial assumptions and justify any such change.

The administrative expense assumption changed from \$10 per participant to being equal to the prior year's actual expenses.

Attachment to 2010 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Aggregate Industries, Inc. Pension Plan

EIN: 54-1527022

Plan Sponsor's Name Aggregate Industries Management, Inc.

PN: 002

Describe the change:

The interest discounting methodology was changed from the Full Yield Curve (with an October lookback period) in 2009 to the default basis of the PPA Segment Rates (with a December lookback period) in 2010.

ATTACHMENT TO 2010 FORM 5500
Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.

EIN: 54-1527022
PN: 002

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	1	0	0	0	0	0	0	1
35 to 39	0	0	0	8	0	0	0	0	0	0	8
40 to 44	0	0	0	18	5	0	0	0	0	0	23
45 to 49	0	0	0	20	4	4	2	0	0	0	30
50 to 54	0	0	1	30	5	2	1	0	0	0	39
55 to 59	0	0	1	23	1	7	2	3	1	0	38
60 to 64	0	0	0	20	5	3	0	1	1	0	30
65 to 69	0	0	0	1	1	0	0	0	0	0	2
70 & up	1	0	0	0	0	0	0	0	0	0	1
	1	0	2	121	21	16	5	4	2	0	172

PN: 002

[illegible]

Aggregate Industries, Inc. Pension Plan

Financial Report
December 31, 2010

Aggregate Industries, Inc. Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Aggregate Industries, Inc. Pension Plan

We were engaged to audit the financial statements and supplemental schedule of Aggregate Industries, Inc. Pension Plan (the "Plan") as of December 31, 2010 and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of Aggregate Industries, Inc. Pension Plan, as of and for the year ended December 31, 2009, were audited by other auditors, whose report dated October 1, 2010 disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by New York Life Trust Company and State Street Bank & Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the Trustees as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the Trustees 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 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Plante & Moran, PLLC

Toledo, Ohio
October 11, 2011

Aggregate Industries, Inc. Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments:		
Money market fund	\$ 291,547	\$ 323,706
Mutual funds	16,300,634	16,042,861
Total investments	16,592,181	16,366,567
Contributions receivable	339,233	-
Pending trade receivable	31,378	30,909
Net Assets Available for Benefits	\$ 16,962,792	\$ 16,397,476

Aggregate Industries, Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2010	December 31, 2009
Additions to Net Assets		
Contributions - Employer	\$ 486,883	\$ -
Investment income:		
Interest and dividends	509,639	343,822
Net appreciation in fair value of mutual funds	1,328,395	2,191,214
Total investment income	1,838,034	2,535,036
Total additions	2,324,917	2,535,036
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,683,685	1,669,439
Administrative expenses	75,916	9,903
Total deductions	1,759,601	1,679,342
Net Increase	565,316	855,694
Net Assets Available for Benefits		
Beginning of year	16,397,476	15,541,782
End of year	<u><u>\$ 16,962,792</u></u>	<u><u>\$ 16,397,476</u></u>

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

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

General - The Plan is a defined benefit plan covering employees of Aggregate Industries Management, Inc., formerly Aggregate Industries, Inc. (the "Company") and employees of other affiliated companies who had entered the Plan as a participant prior to January 1, 1999 and were an employee on December 31, 1998, in accordance with the terms of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Each employee who had entered the Plan as a participant prior to January 1, 1999 and was an employee on December 31, 1998 shall continue to participate in the Plan. No other employee shall become a participant in the Plan after December 31, 1998, notwithstanding any other provision of the Plan to the contrary.

Effective April 30, 2009, benefit accruals were frozen, and no future benefits will be earned by participants.

Participants are fully vested for normal retirement benefits after five years of service.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank & Trust Company. State Street Bank & Trust Company is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump sum or in various installment annuities. The monthly benefit is based on a formula which takes into account the participants's covered compensation, annual compensation, final average compensation, and credited service.

Participants may elect to receive benefits under one of the following: (1) life and 10-year certain annuity, (2) joint and 50 percent survivor annuity, (3) joint and 100 percent survivor annuity, (4) life annuity, and (5) lump-sum payment.

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

The Plan provides normal retirement benefits at age 65 and reduced benefits for early retirement after reaching age 55. Normal retirement benefits are available upon completion of at least five years of service or permanent and total disability.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments in mutual funds and the money market fund are stated at fair value, which is based on quoted market prices. See Note 4 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

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

Benefits are calculated based on active employees' credited years of service multiplied by a specified percentage of their average compensation plus a specified percentage of their average compensation in excess of the Social Security Integration Level.

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

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2010 and 2009 are summarized as follows:

Actuarial cost method	- Traditional unit credit
Assumed rate of return	- 5.35% per annum in 2010 and 6.25% in 2009
Mortality basis	- RP-2000 Combined Healthy Projection AA Mortality Table for 2010 and 2009
Retirement	- Age 65 for 2010 and 2009

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

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market and credit. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 11, 2011, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Investment Information

In October 2009, the Plan changed its trustee from State Street Bank & Trust Company to New York Life Trust Company (collectively, the "Trustees"). The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustees.

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Unaudited Investment Information (Continued)

Investments that exceed 5 percent of end of the year net assets are as follows:

	2010	2009
Mutual funds at fair value:		
PIMCO Total Return Fund R	\$ 3,828,021	\$ 3,909,422
MainStay MAP Fund R2	1,021,150	982,249
MainStay Large-cap Growth R2	1,401,569	1,345,958
MFS Value Fund R2	1,324,812	1,321,454
Templeton Global Bond Fund A	2,673,765	2,617,120

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level I
Money market fund	\$ 291,547
Mutual funds:	
Equity	9,798,848
Fixed	6,501,786
Total	<u>\$ 16,592,181</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level I
Money market fund	\$ 323,706
Mutual funds:	
Equity	9,516,319
Fixed	6,526,542
Total	<u>\$ 16,366,567</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2010 and 2009.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 19, 2009 indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The plan administrators believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Plan Termination

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

1. To provide continuing pension benefits to participants who have retired, or were eligible to retire but chose not to, at least three years preceding the date the Plan terminated
2. To provide pensions, commencing at age 65, to participants who are eligible to receive guaranteed benefits under ERISA

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 6 - Plan Termination (Continued)

3. To provide pensions, commencing at age 65, to all remaining participants to the extent such participants are entitled thereto

If the available funds are insufficient to provide full benefits specified in any of the above priority classifications, the participants covered under the classification will share pro rata in the remaining assets. In the event assets remain representing overfunding due to actuarial errors and unanticipated investment gains after the complete satisfaction of all liabilities of the Plan, distribution of such assets will be made to the Company.

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

Note 7 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the years ended December 31, 2010 and 2009, the most recent actuarial valuations, are as follows:

	2010	2009
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 3,386,807	\$ 3,147,218
Other vested participants	17,740,718	16,096,498
Total vested benefits	21,127,525	19,243,716
Nonvested benefits	108,274	142,326
Total benefit obligations	\$ 21,235,799	\$ 19,386,042

Aggregate Industries, Inc. Pension Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 7 - Accumulated Plan Benefits (Continued)

A summary of significant changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2010 and 2009 are as follows:

	2010	2009
Actuarial Present Value of Accumulated Plan		
Benefits - Beginning of year	\$ 19,386,042	\$ 19,966,337
(Decrease) increase during the year attributable to:		
Benefits accumulated	(553,235)	258,984
Increase for interest due to the decrease in the discount period	1,159,824	1,244,409
Changes in actuarial assumptions	2,926,853	(414,249)
Benefits paid	<u>(1,683,685)</u>	<u>(1,669,439)</u>
Net increase (decrease)	<u>1,849,757</u>	<u>(580,295)</u>
Actuarial Present Value of Accumulated Plan		
Benefits - End of year	<u>\$ 21,235,799</u>	<u>\$ 19,386,042</u>

The change in actuarial assumptions for the years ended December 31, 2010 and 2009 are due to changes in the interest rate of return.

Note 8 - Subsequent Events

Subsequent to year end, the Plan's investment portfolio has incurred a significant decline in fair value, consistent with the general decline in financial markets. However, because the values of individual investments fluctuate with market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined.

Aggregate Industries, Inc. Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 54-1527022, Plan No. 002 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
T. Rowe Price	Money market fund - T. Rowe Price U.S. Treasury MM Fd	\$ 291,547	\$ 291,547
	Mutual funds:		
PIMCO Funds	PIMCO Total Return Fund R	3,852,963	3,828,021
MainStay Funds	MainStay MAP Fund R2	888,809	1,021,150
MainStay Funds	MainStay Large-cap Growth R2	1,170,066	1,401,569
BlackRock Funds	BlackRock U.S. Opps Port A	297,456	368,201
Oppenheimer Funds	Oppenheimer Dev Markets Fund A	444,217	581,040
BlackRock Funds	BlackRock Intl Opps Fund A	592,526	635,752
Thornburg Investment Management	Thornburg Intl Value Fund R3	585,368	656,269
AIM Investments	Invesco Real Estate Fund R	151,975	198,699
The American Funds	American EuroPacific Growth R2	590,888	626,879
BlackRock Funds	BlackRock S&P 500 Index A	452,956	515,867
Calamos Investments	Calamos Market Neutral Inc R	592,720	620,301
JPMorgan Trust	Highbridge Stat Mkt Neut Fnd A	580,703	548,408
Prudential Investments	Pru Jennison Nat Resources R	599,407	744,016
MFS Investments Management	MFS Value Fund R2	1,188,362	1,324,812
RidgeWorth Funds	RidgeWorth Small Value Eqty A	149,252	194,898
Franklin Templeton Investments	Templeton Global Bond Fund A	2,501,795	2,673,765
Victory Funds	Victory Established Value A	322,895	360,987
	Total	<u>\$ 15,253,905</u>	<u>\$ 16,592,181</u>



Before printing the attached filing, change the following setting in Adobe Reader:



Choose *File>Print* and select the *Page Scaling* option, choose “NONE” and mark the “Choose paper source by PDF page size” checkbox.

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Do not file this page with any government agency

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>Aggregate Industries, Inc. Pension Plan</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/01/1966</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>						
1c Effective date of plan <u>02/01/1966</u>							
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>Aggregate Industries Management, Inc.</u> <u>7529 Standish Place</u> <u>Suite 200</u> <u>Rockville</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>54-1527022</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>(301) 795-1900</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>212320</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1527022</u>		2c Sponsor's telephone number <u>(301) 795-1900</u>		2d Business code (see instructions) <u>212320</u>	
2b Employer Identification Number (EIN) <u>54-1527022</u>							
2c Sponsor's telephone number <u>(301) 795-1900</u>							
2d Business code (see instructions) <u>212320</u>							
<u>MD 20855</u>							

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 685
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 149
b Retired or separated participants receiving benefits.....	6b 48
c Other retired or separated participants entitled to future benefits.....	6c 429
d Subtotal. Add lines 6a , 6b , and 6c	6d 626
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 20
f Total. Add lines 6d and 6e	6f 646
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 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: <div style="display: flex; justify-content: space-around;"> 1A 1G 1I 3H </div>	
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

<p>SCHEDULE SB (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Single-Employer Defined Benefit Plan Actuarial Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2010</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

<p>A Name of plan</p> <p><u>Aggregate Industries, Inc. Pension Plan</u></p>	<p>B Three-digit plan number (PN) ► <u>002</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</p> <p><u>Aggregate Industries Management, Inc.</u></p>	<p>D Employer Identification Number (EIN)</p> <p><u>54-1527022</u></p>
<p>E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B</p>	
<p>F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500</p>	

Part I Basic Information																											
<p>1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u></p>																											
<p>2 Assets:</p> <table style="width:100%;"> <tr> <td style="width:70%;">a Market value.....</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">16,397,476</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">17,159,763</td> </tr> </table>				a Market value.....	2a	16,397,476	b Actuarial value.....	2b	17,159,763																		
a Market value.....	2a	16,397,476																									
b Actuarial value.....	2b	17,159,763																									
<p>3 Funding target/participant count breakdown</p> <table style="width:100%;"> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">(1) Number of participants</th> <th style="width:25%; text-align: center;">(2) Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">3a 67</td> <td style="text-align: right;">3,133,744</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">3b 446</td> <td style="text-align: right;">7,843,184</td> </tr> <tr> <td colspan="3">c For active participants:</td> </tr> <tr> <td>(1) Non-vested benefits.....</td> <td style="text-align: center;">3c(1)</td> <td style="text-align: right;">341,630</td> </tr> <tr> <td>(2) Vested benefits.....</td> <td style="text-align: center;">3c(2)</td> <td style="text-align: right;">8,070,666</td> </tr> <tr> <td>(3) Total active.....</td> <td style="text-align: center;">3c(3) 172</td> <td style="text-align: right;">8,412,296</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">3d 685</td> <td style="text-align: right;">19,389,224</td> </tr> </table>					(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment.....	3a 67	3,133,744	b For terminated vested participants.....	3b 446	7,843,184	c For active participants:			(1) Non-vested benefits.....	3c(1)	341,630	(2) Vested benefits.....	3c(2)	8,070,666	(3) Total active.....	3c(3) 172	8,412,296	d Total.....	3d 685	19,389,224
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d Total.....	3d 685	19,389,224																									
<p>4 If the plan is at-risk, check the box and complete items (a) and (b) ☐</p> <table style="width:100%;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>				a Funding target disregarding prescribed at-risk assumptions.....	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b																			
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<p>5 Effective interest rate..... 5 6.59 %</p>																											
<p>6 Target normal cost..... 6 9,903</p>																											

Statement by Enrolled Actuary

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

SIGN HERE	<p style="text-align: center;">Signature of actuary</p> <p><u>Andre Stuart</u></p> <p style="text-align: center;">Type or print name of actuary</p> <p><u>New York Life Retirement Plan Servi</u></p> <p style="text-align: center;">Firm name</p> <p><u>690 Canton Street</u></p> <p style="text-align: center;">Address of the firm</p> <p><u>Westwood</u> <u>MA 02090</u></p>	<p style="text-align: center;">Date</p> <p><u>09/20/2011</u></p> <p style="text-align: center;">Most recent enrollment number</p> <p><u>11-07057</u></p> <p style="text-align: center;">Telephone number (including area code)</p> <p><u>(781)619-2000</u></p>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2,220,658	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	295,299	0
9	Amount remaining (Item 7 minus item 8).....	1,925,359	0
10	Interest on item 9 using prior year's actual return of <u>19.14</u> %	368,514	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>8.08</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	645,490	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,648,383	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2010	73,825				
07/15/2010	73,825				
01/11/2011	73,825				
03/31/2011	265,408				
			Totals ▶	18(b)	486,883
				18(c)	0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	458,164

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b		0
22 Weighted average retirement age	22		62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28		0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29		0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30		0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions).....	31		9,903
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,102,275	518,473	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34		528,376
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	70,212	0	70,212
36 Additional cash requirement (item 34 minus item 35).....	36		458,164
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37		458,164
38 Interest-adjusted excess contributions for current year (see instructions).....	38		0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39		0
40 Unpaid minimum required contribution for all years	40		0

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<u>Age</u>	<u>Actuarial Exposure</u>	<u>Rate of Retirement</u>	<u>Number Retiring</u>
55	10,000.00	5.00%	500.0
56	9,500.00	5.00%	475.0
57	9,025.00	5.00%	451.3
58	8,573.75	5.00%	428.7
59	8,145.06	5.00%	407.3
60	7,737.81	10.00%	773.8
61	6,964.03	10.00%	696.4
62	6,267.63	20.00%	1253.5
63	5,014.10	15.00%	752.1
64	4,261.99	15.00%	639.3
65	3,622.69	100.00%	3622.7

Average Retirement Age: 62

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods</p>
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Actuarial assumptions are estimates of the occurrence of future events affecting the costs of the plan. The assumptions have been chosen to anticipate the long-term experience of the plan. The enrolled actuary will certify the reasonableness of these assumptions, as required by ERISA.

The actuarial assumptions used to compute this year's plan costs are as follows:

Investment Return:

PPA Segment Rates	Funding Target and PBGC
- Segment 1: Up to Year 5	4.60%
- Segment 2: Years 5-20	6.65%
- Segment 3: Years 20+	6.76%

ASC 960 Assumed Investment Return	6.25%
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Annual rates of increase:

- Salaries	N/A
- Future Social Security wage bases	N/A
- Statutory limits on compensation and benefits	N/A

Mortality:

- Funding Target / PBGC	IRS 2010 Static Mortality Table
- ASC 960	RP-2000 Combined Healthy Projection AA Mortality Table (fully generational)

Terminations:

Illustration of annual rates of withdrawal is as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	5.39%	9.91%
25	5.22%	9.63%
30	4.98%	9.25%
35	4.58%	8.63%
40	4.00%	7.64%
45	3.24%	6.21%
50	1.99%	4.05%
55	0.12%	1.26%

Disability:	None
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Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods</p>
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Assumed Retirement Age: Normal Retirement Age for all deferred vested participants. Illustration of annual rates of retirement for all other eligible participants is as follows:

<u>Age</u>	<u>Rate</u>
55 to 59	5.00%
60	10.00%
61	10.00%
62	20.00%
63	15.00%
64	15.00%
65	100.00%

Payment Form Assumptions: - 85% of future retirees assumed to take a lump sum
- 15% assumed to take an annuity

Lump Sum Assumptions:

Funding: Lump sum payments are calculated based on the 30-year Treasury rate with a November lookback month for the valuation year and 5.00% for future years, and the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination. Otherwise, lump sum payments are calculated based on the same interest rates as those used for the Funding Target and the IRS 2010 Applicable Mortality Table for 417(e).

ASC 960: Lump sum payments are calculated based on an interest rate of 6.25%, and either the IRS Applicable Mortality Table per RR2001-62, if over age 55 at termination, or the IRS 2010 Applicable Mortality Table for 417(e) otherwise.

Administrative Expenses: Equal to the prior year's actual expenses. For this valuation, the assumed expenses are \$9,903.

Married Assumptions: - 80% of employees are assumed to be married
- Husbands are assumed to be 4 years older than wives

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Effective Dates:	Original Plan: February 1, 1966 Last Amendment: December 31, 2009
Eligibility Requirements:	1,000 hours of service. Eligibility frozen as of December 31, 1998.
Plan Entry Date:	Nonunion employees become eligible to participate on the January 1 or July 1 coincident with or following completion of 1,000 hours of service. No new participants can enter the Plan after December 31, 1998
Vesting:	A Participant who terminates employment prior to his Normal Retirement Date shall be 100% vested in their Accrued Benefit after 5 years of service.
Year of Credited Service:	Any Plan Year commencing as of the participant's date of employment during which the employee is an eligible employee and is credited with 1,000 or more hours of service. Credited Service is frozen as of April 30, 2009.
Year of Vesting Service:	A year of vesting service is earned during the plan year in which an employee completes 1,000 hours of service.
Normal Retirement Date:	The first month coinciding with or next following the later of (a) the date on which the Participant attains age 65 and (b) the earlier of (i) five years of Vesting Service or (ii) the fifth anniversary of commencement of Participation.
Compensation:	Taxable wages paid by the company for a plan year, including any salary reduction contributions made by the company on the Participant's behalf, but not including bonuses or other special payments. Annual compensation does not include any remuneration paid to a Participant after April 30, 2009. Each plan year's compensation is limited by law.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
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Average Compensation: Average of a Participant's annual compensation for the five consecutive plan years, of the last ten plan years, which produces the highest average. For purposes of calculating average compensation, earnings after April 30, 2009 are not considered.

Accrued Benefit: An annual income (payable monthly) for life with 10 years guaranteed equal to the sum of (a) and (b), as follows:

- (a) The greater of (i) and (ii):
 - (i) 0.65% of Average Compensation not in excess of Covered Compensation plus 1.2% of Average Compensation in excess of Covered Compensation, the sum multiplied by years of Credited Service, frozen at April 30, 2009 (maximum 30 years).
 - (ii) For employees who entered the plan before October 1, 1988: The aggregate of the 30 consecutive units of benefit which produce the largest benefit. For each plan year, a unit of benefit equals 0.5% of Annual Compensation not in excess of \$9,000, plus 1% of Annual Compensation in excess of \$9,000.
- (b) For employees who completed an hour of service after September 30, 1990, sixty dollars times years of Credited Service, frozen at April 30, 2009 (maximum 30 years).

Special minimum benefit provisions apply for employees of Walt Flanagan & Company.

Normal Retirement Benefit: *Eligibility:*
Attained upon reaching the Normal Retirement Date.

Benefit:
The Accrued Benefit payable at Normal Retirement Date.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
--

Early Retirement Benefit:

Eligibility:

Termination of employment after the first day of any month following the Participant's 55th birthday and after completion of five years of Vesting Service.

Benefit:

An amount equal to the Participant's Accrued Benefit as of termination of employment. The benefit amount other than the flat dollar portion is reduced by five-ninths of one percent for each of the first 60 months and by five-eighteenths of one percent for each of the next 60 months, by which commencement date precedes Normal Retirement Date. For a lump sum payment form, the accrued benefit is actuarially reduced.

For purposes of calculating the actuarial equivalent lump sum:

- For Participants who are at least age fifty-five at termination or retirement, the Applicable Interest Rate is the annual interest rate on 30-year Treasury securities as specified by the IRS for November of the immediately prior plan year and the Applicable Mortality Table is the GAR 94 Mortality Table prescribed in IRS Revenue Ruling 2001-62.
- The lump sum amount calculated for Participants who terminate employment prior to attaining age 55 shall be the PPA Minimum Lump Sum as calculated under IRC section 417(e), using the interest rates for November of the immediately prior plan year.

Late Retirement Benefit:

Eligibility:

A Participant may retire at any time after his Normal Retirement Date.

Benefit:

The Participant is entitled to a non-forfeitable Normal Retirement Benefit payable at the earlier of (i) the month following the month during which his employment terminates, or (ii) April 1, of the calendar year following the calendar year in which he attains age 70 1/2.

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.
EIN / PN: 54-1527022 / 002

<p style="text-align: center;">Attachment to 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions</p>
--

Death Benefit:

Eligibility:

Surviving spouse of a Participant who has either attained Normal Retirement Age or completed 5 years of Vesting Service and has been married to the Participant for at least one year in the event of the Participant's death before benefit payments commence.

Benefit:

50% of the amount payable had the Participant retired on the day prior to his date of death or after attainment of age 55 if later and elected a 50% Joint and Survivor Annuity. The benefit will be payable no earlier than the date the Participant would have become eligible for early retirement, and will be payable for the surviving spouse's lifetime.

Disability Benefit:

Eligibility:

Five years of Vesting Service and must be totally and permanently disabled.

Benefit:

Immediate Normal Retirement Benefit subject to Early Retirement reduction.

Normal Form of Benefit:

Ten Year Certain and Life

Automatic Form of Benefit:

50% Joint and Survivor Annuity if married
All other Participants will receive an actuarially increased pension benefit payable in the form of a life annuity.

Optional Forms of Benefit:

Ten Year Certain and Life
75% Joint and Survivor Annuity
100% Joint and Survivor Annuity
Lump Sum payment

Attachment to 2010 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name	<u>Aggregate Industries, Inc. Pension Plan</u>	EIN:	<u>54-1527022</u>
Plan Sponsor's Name	<u>Aggregate Industries Management, Inc.</u>	PN:	<u>002</u>

Describe any change in non-prescribed actuarial assumptions and justify any such change.

The administrative expense assumption changed from \$10 per participant to being equal to the prior year's actual expenses.

Attachment to 2010 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name	<u>Aggregate Industries, Inc. Pension Plan</u>	EIN:	<u>54-1527022</u>
Plan Sponsor's Name	<u>Aggregate Industries Management, Inc.</u>	PN:	<u>002</u>

Describe the change:

The interest discounting methodology was changed from the Full Yield Curve (with an October lookback period) in 2009 to the default basis of the PPA Segment Rates (with a December lookback period) in 2010.

ATTACHMENT TO 2010 FORM 5500
Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name: Aggregate Industries Management, Inc.

EIN: 54-1527022
PN: 002

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	1	0	0	0	0	0	0	1
35 to 39	0	0	0	8	0	0	0	0	0	0	8
40 to 44	0	0	0	18	5	0	0	0	0	0	23
45 to 49	0	0	0	20	4	4	2	0	0	0	30
50 to 54	0	0	1	30	5	2	1	0	0	0	39
55 to 59	0	0	1	23	1	7	2	3	1	0	38
60 to 64	0	0	0	20	5	3	0	1	1	0	30
65 to 69	0	0	0	1	1	0	0	0	0	0	2
70 & up	1	0	0	0	0	0	0	0	0	0	1
	1	0	2	121	21	16	5	4	2	0	172

Attachment to 2010 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name	Aggregate Industries, Inc. Pension Plan
Plan Sponsor's Name	Aggregate Industries Management, Inc.

EIN: 54-1527022
PN: 002

[illegible]

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan Aggregate Industries, Inc. Pension Plan	B Three-digit plan number (PN) ► <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	002
C Plan sponsor's name as shown on line 2a of Form 5500 Aggregate Industries Management, Inc.	D Employer Identification Number (EIN) <div style="text-align: center;">54-1527022</div>	
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

New York Life Investment Management
52-2206685

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

(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)

JPMorgan
71-0930784

(b) Service Code(s) 11 17

(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?
Retained by Employer	41,323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Wolf Company LLP
36-2985665

(b) Service Code(s) 11

(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?
Retained by Employer	7,700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS Financial Services, Inc.

3455 Peachtree Road NE
Suite 1700
Atlanta

GA 30326

(b) Service Code(s) 27

(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?
Retained by Employer	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

Aon Hewitt

Box 905188

Charlotte

NC 28290-5188

(b) Service Code(s) 11 17

(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?
Retained by Employer	26,892	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
UBS Financial Services, Inc.	55	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE Distributors LLC 56-2412827 169 Lackawanna Avenue Parsippany NJ 07054	15 basis points trailing commission

(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: Wolf & Company LLP	b EIN: 36-2985665
c Position: Auditor	
d Address: 2100 Clearwater Drive Oak Brook IL 60523	e Telephone: (630) 545-4500

Explanation:
Consolidation of Accounting firm for multiple plans

a Name: Brian C Donohue	b EIN: 36-3051915
c Position: Actuary	
d Address: 200 East Randolph Street Chicago IL 60601	e Telephone: (312) 381-1000

Explanation:
Plan Decision

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 H (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan Aggregate Industries, Inc. Pension Plan	B Three-digit plan number (PN) ► 002	
C Plan sponsor's name as shown on line 2a of Form 5500 Aggregate Industries Management, Inc.	D Employer Identification Number (EIN) 54-1527022	

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	30,909	31,378
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	339,233
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		291,547
(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)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	16,366,567	16,300,634
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16,397,476	16,962,792

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	16,397,476	16,962,792
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Part II Income and Expense Statement

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

Income

a Contributions:

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	487,998	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	1,372	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		489,370

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(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)		0

(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)	204,800	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		204,800

(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		1,630,291
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2,324,461

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,683,230	
(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)		1,683,230
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	34,592	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	41,323	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75,915
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1,759,145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		565,316
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: Plante & Moran, PLLC (2) EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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.).....		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.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information <p style="text-align: center;">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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <hr/> <p style="text-align: center; font-size: 1.2em;">2010</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection.</p>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan Aggregate Industries, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 Aggregate Industries Management, Inc.	D Employer Identification Number (EIN) 54-1527022	

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): <u>13-3808042</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	24

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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
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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

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

 Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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): _____

Attachment to 2010 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Aggregate Industries, Inc. Pension Plan

EIN: 54-1527022

Plan Sponsor's Name Aggregate Industries Management, Inc.

PN: 002

Describe any change in non-prescribed actuarial assumptions and justify any such change.

The administrative expense assumption changed from \$10 per participant to being equal to the prior year's actual expenses.

Attachment to 2010 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Aggregate Industries, Inc. Pension Plan

EIN: 54-1527022

Plan Sponsor's Name Aggregate Industries Management, Inc.

PN: 002

Describe the change:

The interest discounting methodology was changed from the Full Yield Curve (with an October lookback period) in 2009 to the default basis of the PPA Segment Rates (with a December lookback period) in 2010.

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Sponsor's Name	Aggregate Industries Management, Inc.
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PN: 002

[illegible]