Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/13/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIED BUILDING PRODUCTS CORP. SAVINGS AND INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1964

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

ALLIED BUILDING PRODUCTS CORP.

15 EAST UNION AVENUE - P.O. BOX 511
EAST RUTHERFORD, NJ 07073

2b Employer Identification Number (EIN) 22-1729463

2c Sponsor's telephone number 201-507-8400

2d Business code (see instructions) 423300

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.	10/02/2012	FRANK FURIA
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ALLIED BUILDING PRODUCTS CORP. 15 EAST UNION AVENUE - P.O. BOX 511 EAST RUTHERFORD, NJ 07073	**3b** Administrator's EIN 22-1729463 **3c** Administrator's telephone number 201-507-8400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4c** PN
5 Total number of participants at the beginning of the plan year	**5**	5147
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) ☐	Insurance	**(1)** ☐	Insurance
(2) ☐	Code section 412(e)(3) insurance contracts	**(2)** ☐	Code section 412(e)(3) insurance contracts
(3) ☒	Trust	**(3)** ☒	Trust
(4) ☐	General assets of the sponsor	**(4)** ☐	General assets of the sponsor

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

a Pension Schedules

- **(1)** ☒ **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2011
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/13/2012

A Name of plan
ALLIED BUILDING PRODUCTS CORP. SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED BUILDING PRODUCTS CORP.

D Employer Identification Number (EIN)
22-1729463

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING MUTUAL FUNDS

95-4516049

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

ING LIFE INSURANCE AND ANN CO

71-0294708

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

CRM FUNDS

13-3977282

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

AMERICAN FUNDS

95-1411037

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

JANUS FUNDS

43-1804048

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

ING FINANCIAL ADVISORS

06-1375177

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

BENEFIT TRUST CO

43-1971558

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

LOOMIS SAYLES

04-3200030

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

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

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

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

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

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

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/13/2012

A Name of plan
ALLIED BUILDING PRODUCTS CORP. SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED BUILDING PRODUCTS CORP.

D Employer Identification Number (EIN)
22-1729463

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1314815	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3699631	0
(9) Value of interest in common/collective trusts	1c(9)		
(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)	107628998	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	2126593	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	114770037	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	114770037	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	165	
(B) Participants	2a(1)(B)	4353	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4518
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	38453	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38453
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8940892
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8983863

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6648048	
(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)		6648048
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	116780	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		116780
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6764828

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		2219035
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		116989072

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: HULSE & ASSOCIATES **(2)** EIN: 22-3194968

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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. [X] **Yes** [ ] **No** **Amount:** 0

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
OLD CASTLE 401K PLAN	95-3962933	001

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/13/2012

A Name of plan
ALLIED BUILDING PRODUCTS CORP. SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED BUILDING PRODUCTS CORP.

D Employer Identification Number (EIN)
22-1729463

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

Part IV ESOPs

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

ALLIED BUILDING PRODUCTS CORP.
SAVINGS AND INVESTMENT PLAN

FINANCIAL STATEMENTS

PERIODS ENDED APRIL 13, 2012,
DECEMBER 31, 2011 and 2010

ALLIED BUILDING PRODUCTS CORP.
SAVINGS AND INVESTMENT PLAN
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PERIODS ENDED APRIL 13, 2012, DECEMBER 31, 2011 and 2010

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Hulse & Associates, P.C.
Certified Public Accountants
350 Passaic Avenue
Fairfield, NJ 07004
Telephone: (973) 882-5690 Fax (973) 882-9660

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Allied Building Products Corp. Savings and Investment Plan

We were engaged to audit the financial statements and supplemental schedule H, Line 4i – Schedule of Assets (Held at End of Year) of Allied Building Products Corp. Savings and Investment Plan as of April 13, 2012, December 31, 2011 and 2010 and for the periods ended April 13, 2012 and December 31, 2011, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by ING, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the periods ended April 13, 2012, December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2012 and 2011 financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hulse & Associates, P.C.

Hulse & Associates, P.C.
Fairfield, New Jersey
September 26, 2012

Allied Building Products Corp. Savings and Investment Plan
Statements of Net Assets Available for Benefits
April 13, 2102, December 31, 2011 and 2010

	2012	2011	2010
ASSETS			
Investments (at fair value)	$ -	$ 111,070,406	$ 112,548,570
Receivables:			
Notes receivable from participants	-	3,699,631	3,648,071
TOTAL ASSETS	-	114,770,037	116,196,641
LIABILITIES			
TOTAL LIABILITIES	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 114,770,037	$ 116,196,641

See accompanying notes.

Allied Building Products Corp. Savings and Investment Plan
Statement of Changes in Net Assets Available for Benefits
Periods Ended April 13, 2102, December 31, 2011 and 2010

	2012	2011	2010
ADDITIONS			
Additions to net assets attributed to:			
Investment income:			
Net appreciation (depreciation) in fair value of investments	$ 8,940,892	$ (1,807,218)	$ 10,259,191
Interest on notes receivable from participants	38,453	174,098	188,232
Contributions:			
Participants'	4,353	8,676,748	7,612,429
Employer's	165	2,586,094	605,684
	4,518	11,262,842	8,218,113
TOTAL ADDITIONS	8,983,863	9,629,722	18,665,536
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants (including deemed distributions)	6,648,048	11,000,672	10,460,770
Administration expenses and fees	116,780	20,875	83,849
Transfer of plan assets due to plan merger	116,989,072	34,779	-
TOTAL DEDUCTIONS	123,753,900	11,056,326	10,544,619
NET DECREASE	(114,770,037)	(1,426,604)	8,120,917
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	114,770,037	116,196,641	108,075,724
END OF YEAR	$ 0	$ 114,770,037	$ 116,196,641

See accompanying notes.

NOTE A-DESCRIPTION OF PLAN

The following description of the Allied Building Products Corp. Savings & Investment Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Merger. On January 1, 2012 all contributions to the plan were terminated due to the approved merger with the Old Castle 401(k) Plan, which is sponsored by Allied Building Products Corp's parent company, as a result, all assets were transferred from the Plan into the accounts of the Old Castle 401(k) Plan during the period ended April 13, 2013.

General. The Plan is a defined contribution plan covering all full time non-union employees of Allied Building Products Corp. ("Company"), and subsidiaries, Gypsum Products, Inc., and Arzee Supply Corp. of NJ, Metro Siding and Roofing Distributors, Inc., Dashco, Inc., Mahalo, Global Building, Bryant, Bass Supply, Norge, RME, Interstate, Atlantic, Interior Distributors, BGS, Astro Building and Accoustical Material and Supply. If you have attained age 18, you will automatically be eligible for Company matching contributions and discretionary profit sharing contributions on the Entry Date (the anniversary date of your date of hire) following the date you complete twelve consecutive months of service in which you have completed 1000 hours of service with the Company. Notwithstanding the above, if you have attained age 18, you will become eligible to make 401(k) salary deferral contributions to the Plan on the Entry Date (the first day of the month) following the date you complete 90 days of employment in which you have completed 250 hours of service with the Company. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). It is intended to satisfy the requirements of Section 404(c) of ERISA, as amended. A Section 404(c) plan is an individual account plan designed to provide the participants with the opportunity to exercise control over the assets in their individual account, and also provides participants the opportunity to choose, from a range of investment funds, the manner in which the assets in their account are invested.

A profit sharing plan was established for eligible employees effective January 1, 1964. Effective January 1, 1989, the Plan was amended to add a 401(k) cash or deferred feature to the Plan.

Contributions. Each year participants may contribute up to twenty-five percent of compensation, but in no event to exceed sixteen thousand five hundred and fifteen thousand five hundred dollars for 2011 and for 2010. If a participant has attained age fifty or will attain age fifty before the last day of the Plan Year an additional 401(k) salary deferral "catch up" contributions of five thousand five hundred and five thousand dollars for 2011 and for 2010 may be made. Participants may also contribute, with consent of the Plan Administrator and the Trustees, amounts representing distributions from other qualified defined benefit or contribution plans. Beginning January 1, 2006 the Plan accepts Roth Elective Deferral Contributions made on behalf of participants. The contributions will be treated as Salary Deferral Contributions for all purposes under the plan. The Plan will accept a direct rollover contribution to a Roth Elective Deferral Account. Participants direct the investment of their contributions into various investment options offered by the Plan. Effective January 1, 2007, each Eligible Employee Participant in the Plan as of December 31, 2006 for which the Company does not have a Payroll Authorization, subject to a written election to the contrary, shall be deemed to have completed a Payroll Authorization effective January 1, 2007 providing for a Salary Deferral Contribution of two (2%) percent of Compensation as Pre-Tax Salary Deferral Contributions. The Plan currently offers mutual funds, a fixed account, a money market account and CRH PLC stock (parent company) as investment options for participants. The company contributes a matching contribution to the Plan equal to 50% of the first 6% of compensation (not including bonuses) that a participant contributes to the Plan during each calendar quarter. Effective

NOTE A-DESCRIPTION OF PLAN (continued)

January 1, 2005 the company may contribute a matching contribution to the Plan equal to between zero percent and one hundred percent of the first six percent of compensation that a participant contributes to the Plan during each calendar quarter. For purposes of calculating company matching contributions, salary deferral contributions shall include catch-up contributions. A participant may be eligible to receive the greater of the matching company contribution described above calculated on a quarterly basis or if greater and declared by the Company, the matching contribution calculated on an annual basis. Effective January 1, 2006, matching contributions shall be calculated each pay period based on a Participant's Salary Deferral Contribution made to the Plan during the applicable pay period. If elected by the Company, for those Participant's employed on the last day of the Plan year, the Company's Matching Contribution contributed to the Plan shall be the greater of the amount calculated in a quarterly basis through the Plan year ending December 31, 2005 and pay period basis effective January 1, 2006 and thereafter, on such other as the Board of Directors shall determine prior to the close of the Plan year. The company reserves the right to elect to true-up those Matching Company Contributions if the amount calculated on a Plan year basis is greater than that amount calculated on a pay period basis.

The matching Company contribution is invested at the direction of the participants. In addition, the Company reserves the right to elect to make additional discretionary profit sharing contributions to the Plan based on the Company's performance during the year.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their account is based on years of service. All years of service are credited to determine a participant's vesting service, except years of service before the effective date of the Plan. A year of service for purposes of vesting is credited from the participant's date of hire. If an account balance is transferred to this Plan as a result of the merger of a prior employer's qualified retirement plan into this Plan, the participant's account balance from the prior employer's qualified plan shall be fully vested and nonforfeitable upon its merger into this Plan. Any new Company contributions made to this Plan after the date of the merger of the Plans will vest in accordance with the vesting schedule listed below. A participant's vested interest is computed as follows:

YEARS OF SERVICE	PARTICIPANT'S NONFORFEITABLE PERCENTAGE
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

NOTE A-DESCRIPTION OF PLAN (continued)

Upon termination of employment, a participant will be entitled to receive 100% of the amount of the Salary Deferral Account and the vested interest in the participant's Employer Contribution Account as of the valuation date immediately preceding the distribution.

Note receivable from participant loans. Participants may borrow from their accounts up to a maximum of the lesser of 50% of the vested amount of their account balance as of the valuation date prior to the date of loan application, or $50,000. The $50,000 amount shall be reduced by the highest outstanding balance of the participant's loans from the Plan during the twelve month period ending on the day before the loan is made. The loans are secured by the vested balance in the participant's account and bear interest at the prevailing market value for similar loans under terms established by the Trustees in a non-discriminatory manner. Interest and principal must be paid at a minimum of at least quarterly. The loan including periods of renewals, must be repaid within five years of the original date. In the event of termination of employment for any reason before the loan is repaid in full, the unpaid balance, together with accrued interest shall become due and payable. If the Company acquires either the stock or the assets of another employer, any outstanding loans from any plans which are merged into this Plan may be continued in this Plan under the terms of the loan provisions when the loan was granted.

Hardship Withdrawals. In order to qualify for a Hardship withdrawal distribution, a participant must represent to the Plan Administrator that their immediate heavy financial need (tuition for post-secondary education for a dependent, nonreimbursed medical expenses, purchase of a primary residence or amounts necessary to prevent eviction from a principal residence, payments for burial or funeral for the Participant's deceased dependent and expenses for repair of damages to the Participant's principal residence that would qualify for the casualty deduction) cannot be relieved through liquidation of personal assets, suspending 401(k) salary deferral contributions, and personal loans. Upon receipt of such a Hardship distribution, the safe harbor rules of the Treasury Regulations under Section 401(k) of the Internal Revenue Code require that the participant be suspended from making 401(k) salary deferral contributions to the Plan for a period of six months.

Payment of Benefits. On termination of service due to death, disability, retirement, or for any reason, a participant may elect to receive either a lump-sum distribution or installment payments made over a period of years. The amount to be distributed is the amount credited to the participant's accounts in the Plan as of the Valuation Date preceding the distribution. In the event of death the entire amount credited to the participant's accounts under the Plan will be distributed to the participant's beneficiary either in a lump-sum or in installment payments, as determined by the beneficiary, with the Trustees' consent.

Effective October 1, 2006, no distribution in excess of $1,000 shall be made without the consent of the Participant and the written consent of the spouse. If a Participant's Account Balance at the time of his separation from services is $1,000 or less, the Plan Administrator may direct the trustees to make an immediate lump sum distribution of such Account Balance to the Participant, or his Beneficiary, as the case may be, without written consent to such distribution. In the event of a mandatory distribution greater than $1,000 but $5,000 or less, if the Participant does not affirmatively elect to either have such distribution paid directly to an eligible retirement plan specified by the Participant in a direct rollover, or to receive the distribution directly, then the Plan Administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the Plan Administrator.

NOTE A-DESCRIPTION OF PLAN (continued)

Forfeited Accounts. At December 31, 2011 and 2010 there were $186,040 and $30,048 of forfeited non-vested accounts. If a participant terminates employment and forfeits a portion of their benefit, and receives a distribution of their balance, the forfeited amounts will be used to reinstate prior forfeitures of separated participants who return to the employ of the Company and then to reduce plan administrative costs and to reduce the Company's costs associated with its contributions to the Plan for the next Plan Year. If a participant returns to work prior to the time of incurring a five year break in service, that portion of their Employer Contribution Account balance which was previously forfeited will be restored to them if they repay the full amount distributed to them.

Plan Expenses. The company (Plan sponsor) pays a portion of the administrative expenses of the Plan.

NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review. Subsequent events were evaluated through September 26, 2012, which is the date the financial statements were available to be issued.

Basic of Accounting. The accompanying financial statements are prepared in the accrual basis of accounting.

Notes receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of registered investment companies (mutual funds) are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded on the accrual basis.

Payment of Benefits. Benefits are recorded when paid.

NOTE C – INVESTMENTS

The following presents investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets.

	2011	2010
Fixed Annuity:		
ING Life Insurance and Annuity Company Fixed Account	$30,072,055	$26,888,465
Registered investment companies:		
Janus Twenty Fund-113,153.347 and 104,211.538 Shares	5,781,004	6,849,824
CRM Mid CapValue Fund-272,446.776 and 298,996.751 Shares	7,103,209	8,123,576
Oppenheimer Global Fund-517,344.705 and 551,274.509 Shares	6,306,432	7,223,227
ING Van Kempen Eq&Inc(Svc)-282,200.340 and 220,160.249	9,258,993	8,136,646
ING Stock Index Port.-956,574.330 and 930,357.236	9,910,110	10,112,983

During 2012, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated/appreciated in value by $8,940,892, $(1,807,218) and $10,259,191 as follows:

	2012	2011	2010
Mutual funds	$ 8,813,808	$ (1,841,059)	$10,885,023
Corporate stock	127,084	33,841	(625,832)
	$ 8,940,892	$ (1,807,218)	$10,259,191

Fair Value Measurements

The Plans' investments are reported at fair value in the accompanying statements of net assets available for benefits.

Fair Value Measurements at Reporting Date using:

December 31, 2011	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Fund	$ 78,871,758	$ 78,871,758	$ -
Common Stock	2,126,593	2,126,593	-
ING Life Insurance & Annuity Co. Fixed Account	30,072,055	-	30,072,055
	$ 111,070,406	$ 80,998,351	$ 30,072,055

December 31, 2010	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Fund	$ 83,021,207	$ 83,021,207	$ -
Common Stock	2,638,898	2,638,898	-
ING Life Insurance & Annuity Co. Fixed Account	26,888,465	-	26,888,465
	$ 112,548,570	$ 85,660,105	$ 26,888,465

NOTE C – INVESTMENTS (continued)

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair value of common stock is based on a quoted market price.

Level 3 Fair Value Measurements

The ING fixed account with the insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the fixed account is determined by the credited rates communicated to the Plan and any market value adjustments or surrender changes based on contract formulas and schedules, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

December 31, 2011	ING Fixed Account	Total
Beginning Balance	$ 26,888,465	$ 26,888,465
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	3,183,590	3,183,590
	$ 30,072,055	$ 30,072,055

December 31, 2010	ING Fixed Account	Total
Beginning Balance	$ 27,358,457	$ 27,358,457
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	(469,992)	(469,992)
	$ 26,888,465	$ 26,888,465

NOTE C – INVESTMENTS (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value of investments.

NOTE D – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2011 and 2010, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at December 31, 2011 and 2010 as reported by the trustee is summarized as follows:

	2011	2010
Investments at fair value		
Cash equivalents	$ 1,314,815	$ 622,619
Fixed annuity account	30,072,055	26,888,465
Registered investment companies	77,556,943	82,398,588
Corporate stock	2,126,593	2,638,898
	$111,070,406	$112,548,570

NOTE E – RELATED PARY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by ING Investments, LLC an indirect wholly owned subsidiary of ING Groep N.V. Securities are offered through ING Financial Advisers, LLC. ING is the trustee of the Plan as identified by the Plan administrator. Plan investments also include the ING Life Insurance and Annuity Company Fixed Account.

Allied Building Products Corp (the sponsor) is owned by Old Castle, a division of CRH Public Limited Company. Included in Plan investments is the CRH PLC stock fund which is stock of the parent company. The balance in the CRH PLC stock fund at December 31, 2011 and 2010 was $2,126,593 and $2,638,898.

NOTE F – ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by the Trustee of the Plan (ING). The Trust consists of participant and Company contributions or amounts transferred to the Plan in accordance with its terms, investments and proceeds thereof and earnings thereon, reduced by all payments from the trust. By establishing and maintaining this Trust, the Company and Plan, and its broker, Kingsbridge Financial Group, have selected

NOTE F – ADMINISTRATION OF PLAN ASSETS (continued)

the Investment Funds which have been made available as the investment vehicles to be available to participants under the Plan. Investment Funds may include common, collective or group trust funds ("a group trust") maintained by the Trustee for investment by qualified plans and registered investment companies. The Company directs the Trustee to invest the assets of the Plan as directed by the participants in accordance with the relevant provisions of the Plan document, and the trust agreement. In investing the assets of a participant's account, including those assets for which the Trustee has no investment responsibility, the Trustee will follow the investment directions of the participant. Each participant will have full responsibility for the investment results of his investment instructions. The Company certifies that the Plan shall at all times be maintained in compliance with the investment selection provisions of Section 404(c) of ERISA.

NOTE G – PLAN AMENDMENTS

The company established a Profit Sharing Plan effective January 1, 1964 providing retirement benefits for the Company's Employees. The company amended and restated the Plan effective January 1, 1989 and added a 401(k) feature to the Plan and changed the name of the Plan to the Allied Building Products Corp. Savings and Investment Plan.

The company subsequently amended and restated the Plan effective January 1, 2001 to further conform the Plan with the provisions of the Retirement Protection Act provisions of the Uruguay Rounds Agreement Act which augments the General Agreement on Tariff and Trade ("GATT"), the Uniformed Services Employment and Reemployment Rights Act of 1994, the Small Business Job Protection Act of 1996, the Taxpayer Relief Act of 1997 and the Internal Revenue Service Restructuring and Reform Act of 1998. The Plan was again subsequently amended to conform with the provisions of the Community Renewal Tax Relief Act of 2000 and the Economic Growth and Tax Relief Reconciliation Act of 2001. On May 10, 2002 the Internal Revenue Service issued a GUST II favorable determination letter with respect to the continued qualification of the Plan. The plan was then again amended in accordance with Revenue Procedure 2002-29 to comply with the regulations issued on April 16, 2002 under Section 401(a)(9) of the Internal Revenue Code.

The Plan was amended March 21, 2006. Effective January 1, 2005 the Company may contribute to the Trust for each quarter during the Plan year, a contribution equal to between zero percent and one hundred percent of the first six percent of compensation contributed to the Plan as Salary Deferral Contributions. For purposes of calculating company matching contributions, salary deferral contributions shall include catch-up contributions.

Effective January 1, 2006 for those eligible Participant's employed on the last day of the Plan Year, the company reserves the right to elect to true-up those Matching Company Contributions if the amount calculated on a Plan Year is greater than the amount calculated on a pay period basis.

The Plan was amended on September 26, 2006. The definition of the term "hardship" related to hardship withdrawals was amended for the years beginning after December 31, 2005. The amendment modified the possible methods of calculating earnings on excess salary deferral contributions for years beginning after December 31, 2005. The amendment modified the determination of the Participant's vested interest by aggregating years of service prior to a Break in service and Years of Service after a Break in service in

NOTE G – PLAN AMENDMENTS (continued)

accordance with certain rules for years beginning after December 31, 2005. The amendment also revised the distribution payment rules effective October 1, 2006, and includes automatic enrollment provisions effective January 1, 2007.

Effective January 1, 2008, the company restated the Plan to conform the Plan to all of the provisions and effective dates of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and the Job Creation and Worker Assistance Act of 2002. The Plan was then amended on February 12, 2009 and January 12, 2010 (amendments one and two) to comply with the 2007 Cumulative List for defined contribution plans pursuant to procedures established by the Internal Revenue Service as set forth in Notice 2007-94, including but not limited to the Heroes Earnings Assistance and Relief Tax Act of 2008 ("Heart Act") and for the provisions of the Worker, Retiree, and Employer Recovery Act of 2008 ("WRERA") with respect to the waiver of required minimum distributions in 2009.

NOTE H – PLAN TERMINATION

It is intended that the Plan will continue indefinitely, the Company does reserve the right to terminate the Plan. If the Plan is terminated, the amounts credited to the Employer Contribution Accounts of all the Participants will become one hundred percent vested. The Plan may also be amended at any time. See description of Plan.

NOTE I – TAX STATUS

As noted above, on December 16, 2009 the Internal Revenue Service issued an EGTRRA favorable determination letter with respect to the continued qualification of the Plan. Continued qualification of the plan under its present form will depend on its effect in operation. The Plan administrator believes that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE J– RISKS AND UNCERTAINTIES

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

The Plan routinely assesses the financial strength of the sponsor based upon factors surrounding the construction industry and its geographic locations. A substantial portion of the Plan's additions to net assets is derived from the sponsor whom operates in this industry which is dependent upon the stability and environment of the area economy. A downturn in the industry would affect sponsor contributions.

NOTE K – RECLASSIFICATION

Interest income on notes receivable and interest and dividend income for 2010 has been reclassified to conform to the 2011 presentation of the statement of changes in net assets available for benefits.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
ALLIED SAVINGS & INVESTMENT
EIN#22-1729463
Plan#002
As Of December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	EMPLOYER STOCK	Allied Savings & Invest Er Stk		$2,126,593
	AMERICAN FUNDS	American Funds Growth Fnd R3		4,511,297
	AMERICAN FUNDS	American Funds Wash Mtual R3		2,704,694
	CRM FUNDS	CRM Mid Cap Value Fund Inv		7,103,209
	Eaton Vance Funds	Eaton Vance Lrg-Cap Vl Fnd R		238,893
*	ING Life Insurance And Annuity Company	ING Artio Foreign Port Srv		3,084,078
*	ING Life Insurance And Annuity Company	ING Baron Growth Port Srv		1,534,785
*	ING Life Insurance And Annuity Company	ING Fixed Account		30,072,055
*	ING Life Insurance And Annuity Company	ING Intermediate Bond Fund A		3,020,388
*	ING Life Insurance And Annuity Company	ING InvVKpn Eqty & Inc Pt Srv		9,258,993
*	ING Life Insurance And Annuity Company	ING Money Market Fund A		1,314,815
*	ING Life Insurance And Annuity Company	ING Oppenhmr Global Port Srv		6,306,432
*	ING Life Insurance And Annuity Company	ING PIMCO High Yield Port Srv		4,721,307
*	ING Life Insurance And Annuity Company	ING Pioneer MdCp Vl Port Srv		1,066,448
*	ING Life Insurance And Annuity Company	ING Solution 2015 Port Srv		860,669
*	ING Life Insurance And Annuity Company	ING Solution 2025 Port Srv		2,543,561
*	ING Life Insurance And Annuity Company	ING Solution 2035 Port Srv		488,822
*	ING Life Insurance And Annuity Company	ING Solution 2045 Port Srv		3,010,367
*	ING Life Insurance And Annuity Company	ING Solution 2055 Port Srv		37,537
*	ING Life Insurance And Annuity Company	ING Solution Inc Port Srv		1,429,148
*	ING Life Insurance And Annuity Company	ING TRowePrc Grw Eqty Pt Srv		4,477,062
*	ING Life Insurance And Annuity Company	ING TRwPr Divr MdCp Gr Pt Srv		4,035,693
*	ING Life Insurance And Annuity Company	ING US Stock Index Port Srv		9,910,110
	JANUS FUNDS	Janus Twenty Fund T		5,781,004
	Loomis Sayles	Loomis Sayles SmCp Vl Fnd Ret		641,333
	TD AMERITRADE SDBA	Self Directed Brokerage Account		456,663
	Victory Funds	Victory Divr Stock Fnd A		334,448
		Participant Loans - Rates 4.25% to 11.15%		3,699,631
		TOTAL		**$114,770,037**

* denotes party-in-interest