# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BLUE CIRCLE AGGREGATES HOURLY PENSION PLAN (HALL & DOUGLASVILLE)

**1b** Three-digit plan number (PN) ▶ 047

**1c** Effective date of plan 01/01/1981

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

LAFARGE BUILDING MATERIALS, INC.

C/O LAFARGE NORTH AMERICA, INC.
13450 SUNRISE VALLEY DR. STE 220
HERNDON, VA 20171

**2b** Employer Identification Number (EIN)
22-2452187

**2c** Sponsor's telephone number
703-480-3600

**2d** Business code (see instructions)
212320

**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. | 10/14/2014 | LAUREEN STROHL |
| | **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 |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address

ADMIN COMMITEE OF BLUE CIRCLE AGGREGATES INC. HOURLY PENSION PLAN

**3b** Administrator's EIN: 58-1841729

**3c** Administrator's telephone number: 703-480-3600

**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** | 123 |
| **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** | 35 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 73 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 108 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 10 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 118 |
| **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** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(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)** | ☐ | 0 | **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

**2013**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
BLUE CIRCLE AGGREGATES HOURLY PENSION PLAN (HALL & DOUGLASVILLE)

**B** Three-digit plan number (PN) ▶ 047

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LAFARGE BUILDING MATERIALS, INC.

**D** Employer Identification Number (EIN)
22-2452187

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2013

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 967979 |
| **b** Actuarial value | **2b** | 915363 |

**3** Funding target/participant count breakdown:

| | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | **3a** | 34 | 355415 |
| **b** For terminated vested participants | **3b** | 60 | 292161 |
| **c** For active participants: | | | |
| **(1)** Non-vested benefits | **3c(1)** | | 10609 |
| **(2)** Vested benefits | **3c(2)** | | 196473 |
| **(3)** Total active | **3c(3)** | 29 | 207082 |
| **d** Total | **3d** | 123 | 854658 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 6.29 % |
| **6** Target normal cost | **6** | 62000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

| | |
|---|---|
| Signature of actuary | 10/08/2014 Date |
| DAVID WEBBER, FSA Type or print name of actuary | 14-06137 Most recent enrollment number |
| TOWERS WATSON PENNSYLVANIA INC Firm name | 703-258-8000 Telephone number (including area code) |
| 901 NORTH GLEBE ROAD<br>ARLINGTON, VA 22203 Address of the firm | |

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 13.74 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 48644 |
| b | Interest on (a) using prior year's effective interest rate of 7.00 % except as otherwise provided (see instructions) | | 3405 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 52049 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 107.10 % |
| 15 | Adjusted funding target attainment percentage | 15 | 107.10 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 110.84 % |
| 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 |
|---|---|---|---|---|---|
| 09/15/2014 | 5000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 5000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 4506 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.94% | 6.15% | 6.76 % | ☐ N/A, full yield curve used |

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

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

## Part VI Miscellaneous Items

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

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 62000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 60705 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1295 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1295 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 4506 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3211 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | **42** | |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | |

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2013**

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

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

**A** Name of plan
BLUE CIRCLE AGGREGATES HOURLY PENSION PLAN (HALL & DOUGLASVILLE)

**B** Three-digit plan number (PN) ▶ 047

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
LAFARGE BUILDING MATERIALS, INC.

**D** Employer Identification Number (EIN)
22-2452187

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PENSION MASTER TRUST

**b** Name of sponsor of entity listed in (a): LAFARGE BUILDING MATERIALS INC.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 75-1805462-003 | M | 967409 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

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

**A** Name of plan
BLUE CIRCLE AGGREGATES HOURLY PENSION PLAN (HALL & DOUGLASVILLE)

**B** Three-digit plan number (PN) ▶ 047

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAFARGE BUILDING MATERIALS, INC.

**D** Employer Identification Number (EIN)
22-2452187

## 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) | 0 | 5000 |
| **(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) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 980982 | 967409 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 980982 | 972409 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | 14313 | 16052 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 14313 | 16052 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 966669 | 956357 |

## 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) | 5000 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5000 |
| **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) | | |
| **(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) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 90618 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 95618 |

## Expenses

| | | | |
|---|---|---|---|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 43953 | |
| (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) | | 43953 |
| 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) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 61977 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 61977 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 105930 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -10312 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: CHERRY BEKAERT LLP **(2)** EIN: 56-0574444

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2013**

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

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

**A** Name of plan
BLUE CIRCLE AGGREGATES HOURLY PENSION PLAN (HALL & DOUGLASVILLE)

**B** Three-digit plan number (PN) ▶ 047

**C** Plan sponsor's name as shown on line 2a of Form 5500
LAFARGE BUILDING MATERIALS, INC.

**D** Employer Identification Number (EIN)
22-2452187

## 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): 36-3046063

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 0

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 00% 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# BLUE CIRCLE AGGREGATES INC.
# HOURLY PENSION PLAN

## FINANCIAL STATEMENTS

***As of and for the Years Ended December 31, 2013 and 2012***

***And Report of Independent Auditor***

Cherry Bekaert LLP
CPAs & Advisors

**BLUE CIRCLE AGGREGATES INC. HOURLY PENSION PLAN**

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Note: Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have not been presented because the Blue Circle Aggregates Inc. Hourly Pension Plan's only investment is in the Blue Circle America Inc. Master Trust.

Cherry Bekaert LLP
CPAs & Advisors

# Report of Independent Auditor

The Pension Committee
Blue Circle Aggregates Inc. Hourly Pension Plan
Chicago, Illinois

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Blue Circle Aggregates Inc. Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

## Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Cherry Bekaert LLP

Tysons Corner, Virginia
October 13, 2014

## BLUE CIRCLE AGGREGATES INC. HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

*DECEMBER 31, 2013 AND 2012*

| | 2013 | 2012 |
|---|---|---|
| **ASSETS** | | |
| Investments in the Master Trust, at fair value | $ 967,409 | $ 980,982 |
| Employer contributions receivable | 5,000 | - |
| **Total assets** | 972,409 | 980,982 |
| **LIABILITIES** | | |
| Administrative expenses payable | 16,052 | 14,313 |
| **Total liabilities** | 16,052 | 14,313 |
| **Net assets available for benefits** | $ 956,357 | $ 966,669 |

The accompanying notes to the financial statements are an integral part of this statement.

## BLUE CIRCLE AGGREGATES INC. HOURLY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

*YEARS ENDED DECEMBER 31, 2013 AND 2012*

| | 2013 | 2012 |
|---|---|---|
| **ADDITIONS** | | |
| Net investment income in the Master Trust | $ 90,618 | $ 122,154 |
| Employer contributions | 5,000 | 50,000 |
| **Total additions** | 95,618 | 172,154 |
| **DEDUCTIONS** | | |
| Benefits paid to participants | 43,953 | 39,990 |
| Administrative expenses | 61,977 | 64,220 |
| **Total deductions** | 105,930 | 104,210 |
| Net (decrease) increase in net assets available for benefits | (10,312) | 67,944 |
| Net assets available for benefits at beginning of year | 966,669 | 898,725 |
| Net assets available for benefits at end of year | $ 956,357 | $ 966,669 |

The accompanying notes to the financial statements are an integral part of this statement.

## Note 1 – Description of plan

The following description of the Blue Circle Aggregates Inc. Hourly Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document, as amended and restated, for a more complete description of the Plan's provisions.

*General* – The Plan was adopted effective August 29, 1989 by Lafarge Aggregates Southeast Inc. and was most recently amended effective January 1, 2011. The ultimate Plan Sponsor is Lafarge North America Inc. (the "Company"). The Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to certain hourly compensated employees. An eligible participant becomes eligible for normal retirement benefits upon the attainment of age 65. Early retirement benefits vest to any employee upon the attainment of age 55 and 10 years of credited service. Any employee becomes vested in a deferred pension upon completing 5 years of credited service. The Plan also provides for benefits to participants with at least 15 years of credited service who meet certain disability requirements. If a vested participant dies before electing to retire, his or her surviving spouse may be eligible to receive benefits. The Plan is intended to qualify under Section 401(a) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 1996, benefits under the Plan were frozen. As a result, no participant accrues any additional benefits, and no service or period of employment after that date counts as credited service. No new participants are eligible to participate in the Plan after December 31, 1996. Effective January 1, 2002, all employees of the Company transferred employment to Lafarge North America Inc. and all participants became fully vested because of the partial termination of the Plan.

The Plan is administered by the Company's Investment Committee and Benefit Administration Committee (collectively the "Committees"). The Committees have overall responsibility for the operation and administration of the Plan. The Committees determine the appropriateness of the Plan's investment offerings and monitors Plan investment performance.

The assets of the Plan and certain other pension plans of the Company are held in the Blue Circle America Inc. Master Trust ("Master Trust"). During the years ended December 31, 2013 and 2012, assets in the Master Trust were held by The Northern Trust Company (the "trustee"). Upon the order of the Company, the trustee pays amounts to specified Plan beneficiaries. SEI Investments Company ("SEI") currently acts as investment manager and has authority to invest and reinvest the Master Trust assets.

*Plan Termination* – Although it has not expressed any intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event of termination, all accrued benefits become 100% vested, and the net assets of the Plan are set aside for payment of such vested benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at the time of termination. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not, as described in the articles of the Plan.

*Pension Benefits* – Plan participants are eligible for their Plan benefit after retiring or terminating employment with vesting rights. Participants become vested in the Plan upon completion of 5 years of vesting service of attainment of the normal retirement age (65). If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits.

## Note 1 – Description of plan (continued)

Benefit payments are based upon the monthly pension factor established in the Plan and the number of years of credited service determined in accordance with the Plan guidelines. Upon retirement or termination, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime. If the value of the employee's vested benefit is $1,000 or less, the benefit automatically will be paid out in the form of a lump sum. The monthly annuity payables have a variety of payment options.

*Death and Disability Benefits* – If an employee dies, the vested benefits may be paid to the surviving qualified spouse. No benefits are paid to a beneficiary of a participant who does not have a surviving qualified spouse when the employee dies. Active employees who become totally disabled and are vested in their benefits may elect to receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled.

Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, based on the participant's vested benefit service and the benefit factor as of the date they became permanently disabled.

## Note 2 – Significant accounting policies

*Basis of Accounting* – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

*Cash and Cash Equivalents* – For purposes of the disclosure of investments in the Master Trust (see Note 5), the Plan considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents. Cash and cash equivalents held in the Master Trust may include short-term investments held by institutions that are not covered by the Federal Deposit Insurance Corporation.

*Investment Valuation and Income Recognition* – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's net interest in the Master Trust is stated at the fair value of the underlying net assets of the Master Trust as estimated by the trustee.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Under the Master Trust, investment transactions, income on investments, and realized and unrealized appreciation and depreciation have been prorated by the trustee among the plans based on each plan's proportionate share of the market value of the Master Trust on a monthly basis.

*Funding Policy* – The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. During 2013 and 2012, the Company made contributions of $5,000 and $50,000, respectively. The Company's contributions for 2013 and 2012 exceeded the minimum funding requirements of ERISA.

*Benefits Paid to Participants* – Benefits paid to participants are recorded when paid.

## Note 2 – Significant accounting policies (continued)

*Estimates* – The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

*Risks and Uncertainties* – The Master Trust makes investments in various securities, which are exposed to various risks such as interest rate, credit, and market risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amount reported in the statements of net asset available for benefits and the statement of changes in net assets available for benefits.

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

*Administrative Expenses* – Administrative expenses include plan-specific expenses as well as expenses incurred by the Master Trust. Expenses related specifically to the Master Trust are allocated to the respective plan based on the ending market value of assets held in each plan as a percentage of total assets in the Master Trust.

*Fair Value Measurement* – GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

> Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;
>
> Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and
>
> Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2013 and 2012.

## Note 2 – Significant accounting policies (continued)

*Mutual funds* – These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

*Cash and cash equivalents* – These investments are public investment vehicles valued using $1 for the NAV, and are classified within level 1 of the valuation hierarchy.

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.

## Note 3 – Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the services rendered by employees to December 31, 1996. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) surviving spouse of employees who have died, and (c) present employees or their beneficiaries.

Benefits for active, retired or terminated participants or their beneficiaries are based on (a) the monthly pension factor established in the Plan and (b) the employee's number of years of credited service as of December 31, 1996. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to December 31, 1996.

The actuarial information is based on reports prepared by the Plan's actuary, Towers Watson, as of January 1, 2013. The actuarial calculations are based on participants becoming fully vested after five years of continuous service. The actuarial calculations are also based on the participants covered under the Plan as of January 1, 2013.

The actuarial present value of accumulated plan benefits was calculated using the present value of accrued benefits method as required by the Pension Protection Act of 2006 ("PPA"). As of January 1, 2013, significant assumptions underlying the actuarial computations include an effective interest rate of 6.29%, a decrease from 7.00% as of January 1, 2012, the use of the RP-2000 Employees and RP-2000 Healthy Annuitants mortality tables used for the calculation of the current liability, and the assumption that retirement takes place at various ages, ranging from 55 to over 65. The actuarial value of assets was determined using the average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, with certain adjustments made for contributions, benefits, administrative expenses and expected earnings, whereas the actuarial value of assets was determined using the market value of assets including contributions receivable in the prior year. Additionally, the funding interest rate changed from Internal Revenue Service ("IRS") prescribed one-month average yield-curve based on bond yields during the October preceding the valuation date to the IRS prescribed segment rates without 3-year transition based on bond yields through the August preceding the valuation date. In accordance with the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act, the Company elected to extend the amortization of the funding shortfall base established January 1, 2009 from 7 to 15 years.

## Note 3 – Actuarial present value of accumulated plan benefits (continued)

The actuarial present value of accumulated plan benefits as of January 1, 2013 is as follows:

| | | |
|---|---|---|
| Vested benefits | | |
| Participants currently receiving payments | $ | 348,914 |
| Other participants | | 513,187 |
| Total vested benefits | | 862,101 |
| Total actuarial present value of accumulated plan benefits | $ | 862,101 |

The following is a summary of the changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2013:

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits, beginning of year | $ | 782,644 |
| (Decrease) increase during the year attributable to: | | |
| Benefits accumulated & non-investment experience | | 8,050 |
| Increase for interest due to decrease in discount period | | 51,318 |
| Benefits paid | | (45,504) |
| Assumption changes | | 65,593 |
| Actuarial present value of accumulated plan benefits, end of year | $ | 862,101 |

Certain actuarial assumptions changed during 2013; the segment interest rates used to calculate the funding target and target normal cost, the required mortality table, and administrative expense assumptions were updated.

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## Note 4 – Income tax status

The Plan has received its latest determination letter from the IRS dated September 12, 2014 stating that the Plan, as then designed, is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income and that the Plan and trust continue to be tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

## Note 4 – Income tax status (continued)

The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to December 31, 2010.

## Note 5 – Interest in the Master Trust (unaudited)

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and several other Company sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the trustee.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2013 and 2012, the Plan's interest in the investments of the Master Trust was approximately 1.53% and 1.71%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on each Plan's interest.

All investment information disclosed in the accompanying financials, including investments held at December 31, 2013 and 2012 and net investment income in the Master Trust for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. The trustee has also certified the Plan's proportionate share of such items to be complete and accurate.

The fair values of investments in the Master Trust are as follows:

| | December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Investments at fair value: | | |
| Mutual funds | $ 62,632,724 | $ 56,813,274 |
| Cash and cash equivalents | 432,422 | 540,574 |
| | $ 63,065,146 | $ 57,353,848 |

Investment income for the Master Trust was as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Net appreciation in fair value of investments | $ 3,979,773 | $ 5,337,250 |
| Interest and dividends | 1,664,814 | 1,562,158 |
| | $ 5,644,587 | $ 6,899,408 |

During the years ended December 31, 2013 and 2012, substantially all of the net appreciation in fair value of investments is attributable to mutual funds.

## Note 5 – Interest in the Master Trust (unaudited) (continued)

The investments that represent 5% or more of the Master Trust's net assets available for benefits are as follows:

| | December 31, 2013 | December 31, 2012 |
|---|---|---|
| SEI Instl Invts Tr Large Cap Disciplined Equity Fund | $ 12,533,550 | $ 11,537,289 |
| SIIT Long Duration Bond Fund Cl A | 31,310,114 | 28,373,821 |
| SEI Instl Managed Tr S&P 500 Index Fund Cl E | 12,514,851 | 11,415,885 |
| SEI Instl Invts Tr World Equity Ex US Fund SHS Cl A | 6,274,209 | 5,486,279 |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

## Note 6 – Fair value of financial instruments

The Master Trust's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described in Note 2.

| | Assets at fair values as of December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Mutual funds: | | | | |
| Large-cap | $ 12,533,550 | $ - | $ - | $ 12,533,550 |
| International | 6,274,209 | - | - | 6,274,209 |
| Index | 12,514,851 | - | - | 12,514,851 |
| Fixed income | 31,310,114 | - | - | 31,310,114 |
| Cash and cash equivalents | 432,422 | - | - | 432,422 |
| Total assets | $ 63,065,146 | $ - | $ - | $ 63,065,146 |

| | Assets at fair values as of December 31, 2012 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets: | | | | |
| Mutual funds: | | | | |
| Large-cap | $ 11,537,289 | $ - | $ - | $ 11,537,289 |
| International | 5,486,279 | - | - | 5,486,279 |
| Index | 11,415,885 | - | - | 11,415,885 |
| Fixed income | 28,373,821 | - | - | 28,373,821 |
| Cash and cash equivalents | 540,574 | - | - | 540,574 |
| Total assets | $ 57,353,848 | $ - | $ - | $ 57,353,848 |

## Note 7 – Party-in-interest transactions

Certain investments of the Master Trust are shares of SEI. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These fees were based on customary and reasonable rates for such services, and are party-in-interest transactions for which a statutory exemption exists under ERISA.

## Note 8 – Subsequent events

The Plan has evaluated events through October 13, 2014 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Blue Circle Aggregates Inc. Hourly Pension Plan
EIN 22-2452187
PN 047
ATTACHMENT TO THE 2013 SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

**Schedule of Active Participant Data**

| | | Total Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Attained Age** | | **<1** | **1 to 4** | **5 to 9** | **10 to 14** | **15 to 19** | **20 to 24** | **25 to 29** | **30 to 34** | **35 & up** | **40 & up** |
| <25 | Count | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | Count | - | - | - | - | - | - | - | - | - | - |
| 30 to 34 | Count | - | - | - | - | - | - | - | - | - | - |
| 35 to 39 | Count | - | - | - | - | - | - | - | - | - | - |
| 40 to 44 | Count | - | - | 1 | - | - | - | - | - | - | - |
| 45 to 49 | Count | - | 2 | 2 | 1 | 1 | - | - | - | - | - |
| 50 to 54 | Count | - | 3 | 4 | 2 | - | - | - | - | - | - |
| 55 to 59 | Count | - | 3 | 1 | 1 | 1 | - | 1 | - | - | - |
| 60 to 64 | Count | - | 1 | 2 | 1 | - | 2 | - | - | - | - |
| 65 to 69 | Count | - | - | - | - | - | - | - | - | - | - |
| 70 & up | Count | - | - | - | - | - | - | - | - | - | - |

**Average Age: 55.7** **Average Service: 9.1**

# Blue Circle Aggregates Inc. Hourly Pension Plan
# Assumptions and Methods

## Economic Assumptions

Interest rate basis:

- Applicable month: September 2012 based on yields through August preceding the valuation date
- Yield curve basis: Segment rates

| Interest rates: | Not reflecting MAP-21 corridors | Reflecting MAP-21 corridors |
|---|---|---|
| ► First segment rate | 1.75% | 4.94% |
| ► Second segment rate | 4.62% | 6.15% |
| ► Third segment rate | 5.72% | 6.76% |

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187/PN 047**
**Attachment to 2013 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

| Methods | |
|---|---|
| Valuation date | First day of plan year |
| Funding target | Present value of accrued benefits |
| Target normal cost | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year |
| Actuarial value of assets | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.75% during the 12 month period preceding the valuation date (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year).<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| Benefits not valued | All significant benefits described in the Plan Provisions section of this report were valued except (1) plant shutdown and other “unpredictable contingent event benefits” which are not valued until and unless the triggering event occurs (unless otherwise noted) and (2) automatic cashouts in the case that the present value of benefits is no more than $1,000. Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. |
| Change in assumptions and methods since prior valuation | The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2011 to September 2012.<br><br>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.<br><br>The administrative expense assumption was updated. |
| Data sources | Towers Watson used asset data and retiree data supplied by the trustees. Lafarge North America Inc. furnished other participant data, the dates and amounts of the contributions that were paid in 2013 for the 2012 plan year, and funding balance elections. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. |

# Blue Circle Aggregates Inc. Hourly Pension Plan Assumptions

## Economic Assumptions

Effective Interest Rate 6.29%

## Demographic Assumptions

Mortality: Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2028 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2020 using Scale AA)

Termination: Sample rates varying by age and service.

| | *Service* | | | | | |
|---|---|---|---|---|---|---|
| *Age* | *< 1* | *1* | *2* | *3* | *4* | *5+* |
| 20 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.1500 |
| 25 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.1410 |
| 30 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.1320 |
| 35 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.1205 |
| 40 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.1090 |
| 45 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.0995 |
| 50 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.0900 |
| 55 | 0.3000 | 0.2700 | 0.2500 | 0.2000 | 0.1800 | 0.0180 |

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187/PN 047**
**Attachment to 2013 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Disability

Sample rates varying by age and sex.

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

Retirement

Rates varying by age

| *Age* | *Rate* |
|---|---|
| 55 | 0.0300 |
| 56-60 | 0.0500 |
| 61-64 | 0.1500 |
| 65 | 1.0000 |

Deferred vested benefit commencement date

Current inactives: earlier of unreduced retirement age or age 62: current actives: earlier of age 62 with 10 years of service or age 65

Form of payment for future retirees

| | |
|---|---|
| 50% | Life annuity |
| 35% | Joint and 50% survivor annuity |
| 15% | Joint and 75% survivor annuity |

Percent married

75% of males; 75% of females

Spouse age

Wife three years younger than husband

Administrative expense

$62,000

Other

January 1, 2013 assets were increased by $13,003 as an estimate of benefits allocable to this plan.

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>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 6059 of the Internal Revenue Code (the Code).<br>▶ File as an attachment to Form 5500 or 5500-SF. | 2013<br>This Form is Open to Public Inspection |

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

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

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

| A Name of plan | B Three-digit plan number (PN) ▶ | 047 |
|---|---|---|
| Blue Circle Aggregates Hourly Pension Plan (Hall & Douglasville) | | |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | **D** Employer Identification Number (EIN) | |
| Lafarge Building Materials Inc. | 22-2452187 | |

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

## Part I Basic Information

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

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | **2a** | 967,979 |
| | **b** Actuarial value | | **2b** | 915,363 |
| **3** | Funding target/participant count breakdown: | | (1) Number of participants | (2) Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 34 | 355,415 |
| | **b** For terminated vested participants | **3b** | 60 | 292,161 |
| | **c** For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 10,609 |
| | (2) Vested benefits | **3c(2)** | | 196,473 |
| | (3) Total active | **3c(3)** | 29 | 207,082 |
| | **d** Total | **3d** | 123 | 854,658 |
| **4** | If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ] | | | |
| | **a** Funding target disregarding prescribed at-risk assumptions | | **4a** | |
| | **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | | **4b** | |
| **5** | Effective interest rate | | **5** | 6.29 % |
| **6** | Target normal cost | | **6** | 62,000 |

**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**

David Webber — Signature of actuary

October 8, 2014 — Date

David Webber, FSA — Type or print name of actuary

14-06137 — Most recent enrollment number

TOWERS WATSON PENNSYLVANIA INC — Firm name

(703) 258-8000 — Telephone number (including area code)

901 North Glebe Road

Arlington VA 22203 — Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 13.74 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 48,644 |
| | b Interest on (a) using prior year's effective interest rate of 7.00 % except as otherwise provided (see instructions) | | 3,405 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 52,049 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 107.10 % |
| 15 | Adjusted funding target attainment percentage | 15 | 107.10 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 110.84 % |
| 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 |
|---|---|---|---|---|---|
| 09/15/2014 | 5,000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 5,000 | 18(c) 0 |

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

| | | |
|---|---|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 4,506 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.94 % | 6.15 % | 6.76 % | ☐ N/A, full yield curve used |

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

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

## Part VI Miscellaneous Items

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

| | | |
|---|---|---|
| **31** Target normal cost and excess assets (see instructions): | | |
| **a** Target normal cost (line 6) | 31a | 62,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | 31b | 60,705 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | 1,295 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | 36 | 1,295 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 4,506 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 3,211 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 |
| **40** Unpaid minimum required contributions for all years | 40 | 0 |

## Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | 42 | |
| **43** Excess installment acceleration amount to be carried over to future plan years | 43 | |

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187**
**PN 047**
**Attachment to 2013 Form 5500, Schedule SB, Line Item 22: Weighted Average Retirement Age**

The average retirement age is 62.

The weighted average retirement age is computed as follows:

| (A) Age | (B) Probability of Attaining Age | (C) Retirement Rate | (D) Percentage Retiring at Each Age | (A) * (D) |
|---|---|---|---|---|
| 55 | 1.000 | 0.030 | 0.030 | 1.650 |
| 56 | 0.970 | 0.050 | 0.049 | 2.716 |
| 57 | 0.922 | 0.050 | 0.046 | 2.626 |
| 58 | 0.875 | 0.050 | 0.044 | 2.539 |
| 59 | 0.832 | 0.050 | 0.042 | 2.453 |
| 60 | 0.790 | 0.050 | 0.040 | 2.370 |
| 61 | 0.751 | 0.150 | 0.113 | 6.868 |
| 62 | 0.638 | 0.150 | 0.096 | 5.933 |
| 63 | 0.542 | 0.150 | 0.081 | 5.125 |
| 64 | 0.461 | 0.150 | 0.069 | 4.425 |
| 65 | 0.392 | 1.000 | 0.392 | 25.467 |
| | | | Average Retirement Age | 62.172 |

# Blue Circle Aggregates Inc. Hourly Pension Plan
# Plan Provisions

| | |
|---|---|
| Effective Date | The original effective date of the Hall Plan was January 1, 1981 and the original effective date of the Douglasville Plan was January 1, 1973. |
| Covered Employees | Any person employed at the company's Hall or Douglasville facilities on an hourly or piecework basis is a participating employee. No new employees will become participants after December 31, 1996. |
| Participation Date | A participating employee will attain eligibility in the plan on the January 1st or July 1st immediately following attainment of age 20 1/2 and completion of 6 months of service or completion of 1,000 or more hours of service in a calendar year of employment. |
| Definitions | |
| Eligibility service | One year of eligibility service is accrued for each plan year during which 1,000 or more hours of service are completed. A partial year of service is credited for less than 1,000 hours of service in a plan year. Periods of employment with Lafarge North America after December 31, 2001 will be considered for the purposes of determining benefit eligibility. |
| Credited service | One year of credited service is accrued for each plan year during which 2,080 or more hours of service are completed. A partial year of credited service is accrued for less than 2,080 hours of service in a plan year. Service prior to October 1, 1980 is not included. No further credited service will accrue after December 31, 1996. |
| Normal retirement date (NRD) | First day of the month coinciding with or next following the attainment of age 65. |
| Monthly pension benefit | The accrued benefit for an employee is equal to $10.00 multiplied by credited service |
| Monthly preretirement death benefit | 50% of the accrued monthly pension benefit as of the date of death, reduced for 50% joint and survivor election and reduced for payment as early as the participant's earliest retirement date. |
| Eligibility for Benefits | |
| Normal retirement | Retirement on NRD |
| Early retirement | The first day of the month coinciding with or next following the attainment of age 55 with 10 years of eligibility service. |
| Postponed retirement | Retirement after NRD |

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187/PN 047**
**Attachment to 2013 Schedule SB Part V – Summary of Plan Provisions**

| | |
|---|---|
| Vested termination | Termination for reason other than death or retirement after completing 5 years of eligibility service. |
| Disability retirement | A participant with 15 years eligibility service who is unable to obtain gainful employment by reason of total and permanent disability is eligible for disability. |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| Normal retirement | Monthly pension benefit determined as of NRD |
| Early retirement | Monthly pension benefit actuarially reduced if payments commence prior to age 65. |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date |
| Vested termination | Monthly pension benefit is equal to the accrued normal retirement benefit as of the date of termination and is payable at the normal retirement date. Early payment available upon completion of 10 or more years of eligibility service. If the benefit starts before normal retirement date, the benefit will be reduced using early retirement benefit reduction factors. |
| Disability retirement | The monthly disability benefit, which commences on the first of the month following disability, is equal to the accrued benefit as of the date of disability. |
| Preretirement death | Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above. |

## Other Plan Provisions

**Forms of payment**

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent joint and 50% survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional form:

- Joint and 75% survivor annuity
- 120 month certain and continuous annuity

Actuarial equivalence for optional form conversion:

- Participant mortality: GAM 1971 male
- Beneficiary mortality: GAM 1971 male set back 6 years
- Interest rate: 7.50%

**Maximum on benefits**

All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187/PN 047**
**Attachment to 2013 Schedule SB Part V – Summary of Plan Provisions**

## Change in Plan Provisions Since Prior Year Valuation and Other Events

During 2013, Lafarge divested certain operations. As a result, employees participating in the plan were terminated. This event has not been reflected in the valuation.

No plan changes were recognized. Towers Watson is not aware of any plan changes which are required to be reflected.

**PLAN NAME Blue Circle Aggregates Hourly Pension Plan ( Hall and Douglasville)**
**EIN:** 22-2452187
**PLAN #:047**
**Attachment to 2013 Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at Year End**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | **Identity of Issue** | **Description of Investment** | **Cost** | **Fair Value** |
| * | Lafarge Building Materials Inc. Pension Master Trust | Interest in Master Trust | n/a | 967,409 |
| | | | n/a | $ 967,409 |

* Party-in-interest

**Blue Circle Aggregates Inc. Hourly Pension Plan**
**EIN 22-2452187/PN 047**
**Attachment to 2013 Schedule SB, Line 25 – Change in Method**

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