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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>LAFARGE NORTH AMERICA, INC. HOURLY PENSION PLAN (STEELWORKERS)</u>                                                                                                                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ▶ <u>012</u>                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> Effective date of plan<br><u>04/01/1950</u>                                                                                                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>LAFARGE NORTH AMERICA, INC.</u><br><br><u>8700 W BRYN MAWR AVE., STE 300</u><br><u>CHICAGO, IL 60631</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>58-1290226</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>773-372-1000</u><br><b>2d</b> Business code (see instructions)<br><u>327300</u> |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2016</u> | <u>LAUREEN STROHL</u>                                        |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

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

Form 5500 (2015)  
v. 150123

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><b>BENEFIT ADMINISTRATION COMMITTEE</b><br><br><b>8700 W. BRYN MAWR ROAD, SUITE 300N</b><br><b>CHICAGO, IL 60631</b>                                                                                                                                                                                                                                      | <b>3b</b> Administrator's EIN<br><b>58-1290226</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3c</b> Administrator's telephone number<br><b>773-372-1000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> <b>882</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b> <b>236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> <b>227</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                                         | <b>6b</b> <b>255</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> <b>293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                | <b>6d</b> <b>775</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                                                  | <b>6e</b> <b>90</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6f</b> <b>865</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                            | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                | <b>6h</b> <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

|                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>LAFARGE NORTH AMERICA, INC. HOURLY PENSION PLAN (STEELWORKERS)                 | <b>B</b> Three-digit plan number (PN) ▶ 012                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>LAFARGE NORTH AMERICA, INC. | <b>D</b> Employer Identification Number (EIN)<br>58-1290226 |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 48518942                  |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 46463512                  |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 332                        | 22194273                  | 22194273                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 314                        | 6149863                   | 6149863                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 236                        | 11147846                  | 12148251                 |
| <b>d</b> Total .....                                                                                                                                                                                            | 882                        | 39491982                  | 40492387                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.23 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 1130994                   |                          |

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

|                                             |              |                                        |
|---------------------------------------------|--------------|----------------------------------------|
| <b>SIGN HERE</b>                            |              |                                        |
| Signature of actuary                        | 10/07/2016   | Date                                   |
| DAVIS WEBBER, FSA                           | 14-06137     | Most recent enrollment number          |
| Type or print name of actuary               | 703-258-8000 | Telephone number (including area code) |
| TOWERS WATSON DELAWARE INC                  |              |                                        |
| Firm name                                   |              |                                        |
| 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) .....                                                          | 1527177               | 170388                 |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       |                       | 30000                  |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             | 1527177               | 140388                 |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>10.08</u> % .....                                                                              | 153939                | 14162                  |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 335008                 |
| b(1)                                                        | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51</u> % ..... |                       | 21290                  |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 356298                 |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 310000                 |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  |                       | 0                      |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 1681116               | 464550                 |

| Part III Funding Percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 109.44 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 114.74 % |
| 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 | 162.77 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %        |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 0                               |
|                                                                                   |                                   |                                 |                          | 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 0                                                               |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 1130994            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 1130994            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |



**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <span style="color: blue;">01/01/2015</span> and ending <span style="color: blue;">12/31/2015</span>                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
| <b>A</b> Name of plan<br><span style="color: blue;">LAFARGE NORTH AMERICA, INC. HOURLY PENSION PLAN (STEELWORKERS)</span>                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <span style="color: blue;">012</span>                                                                  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">LAFARGE NORTH AMERICA, INC.</span>                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">58-1290226</span>                                                                                     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 428780          |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 47872893              | 43796049        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 47872893              | 44224829        |

**Liabilities**

|                                                                           |           |   |       |
|---------------------------------------------------------------------------|-----------|---|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 89053 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 89053 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 47872893 | 44135776 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

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

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                       |                 |  |   |
|-------------------------------------------------------------------------------------------------------|-----------------|--|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> |  |   |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  | 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)  |            | -1439373  |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1439373  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2580981 |         |
| (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) |         | 2580981 |
| 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) | 816509  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 816509  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 3397490 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -4836863 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 1099746  |
| (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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 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 | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |     | X  |     |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                          |     | X  |     |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |           |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 100000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |           |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                |     | X  |     |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) |     | X  |     |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |     |           |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     | X  |     |           |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |           |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |           |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LAFARGE NORTH AMERICA, INC. HOURLY PENSION PLAN (STEELWORKERS)</u>      | <b>B</b> Three-digit plan number (PN) ▶<br><u>012</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LAFARGE NORTH AMERICA, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-1290226</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>36-3046063</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>6</u> |

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

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                                        |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> 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. |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                                        |                                         |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                                          |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|-----------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input checked="" type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2015  
v. 150123

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                  |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

**LAFARGE NORTH AMERICA, INC.**

**HOURLY PENSION PLAN  
(STEELWORKERS)**

**FINANCIAL STATEMENTS**

*As of and for the Years Ended December 31, 2015  
and 2014 (Unaudited)*

*And Report of Independent Auditor*

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
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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 Lafarge North America Inc. Hourly Pension Plan (Steelworkers’) only investment is in the Lafarge North America Inc. Master Trust.

## **Report of Independent Auditor**

The Pension Committee  
Lafarge North America Inc. Hourly Pension Plan (Steelworkers)  
Chicago, Illinois

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Lafarge North America Inc. Hourly Pension Plan (Steelworkers) (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year 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, 2015, and for the year 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.

### **Emphasis of Matter**

As described in Notes 1 and 8 to the financial statements, the Plan was previously known as the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall) merged with seven other Plans and was renamed the Lafarge North America Inc. Hourly Pension Plan (Steelworkers). As described in Note 8, certain locations included in the Plan have closed participation in the Plan beginning January 1, 2015, and as such, effective December 31, 2017, Plan benefits will become frozen for all participants in the Plan. In addition, as described in Note 8 and 9, certain assets were transferred into the Plan from other plans during the year ended December 31, 2015.

**Prior Period Financials**

Plan management is responsible for the accompanying financial statements of the Plan which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance 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.

A handwritten signature in black ink that reads "Cherry BeKaert LLP". The signature is written in a cursive, flowing style.

Tysons Corner, Virginia  
October 14, 2016

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

*DECEMBER 31, 2015 AND 2014 (UNAUDITED)*

|                                                                | <b>2015</b>          | <b>2014</b><br><b>(unaudited)</b> |
|----------------------------------------------------------------|----------------------|-----------------------------------|
| <b>ASSETS</b>                                                  |                      |                                   |
| Investments in the Master Trust, at fair value                 | \$ 43,796,049        | \$ 8,397,457                      |
| Transfer in receivable from other Plans                        | -                    | 39,475,436                        |
| Transfer in from Lafarge North America Inc.<br>Retirement Plan | 428,780              | -                                 |
| <b>Total assets</b>                                            | 44,224,829           | 47,872,893                        |
| <b>LIABILITIES</b>                                             |                      |                                   |
| Administrative expenses payable                                | 89,053               | -                                 |
| <b>Total liabilities</b>                                       | 89,053               | -                                 |
| <b>Net assets available for benefits</b>                       | <u>\$ 44,135,776</u> | <u>\$ 47,872,893</u>              |

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

*YEARS ENDED DECEMBER 31, 2015 AND 2014 (UNAUDITED)*

|                                                                                                                   | <b>2015</b>          | <b>2014</b><br><b>(unaudited)</b> |
|-------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------|
| <b>ADDITIONS</b>                                                                                                  |                      |                                   |
| Net investment (loss) income in the Master Trust                                                                  | \$ (1,439,373)       | \$ 784,365                        |
| <b>DEDUCTIONS</b>                                                                                                 |                      |                                   |
| Benefits paid to participants                                                                                     | 2,580,981            | 269,658                           |
| Administrative expenses                                                                                           | 816,509              | 72,462                            |
| <b>Total deductions</b>                                                                                           | <b>3,397,490</b>     | <b>342,120</b>                    |
| Net (decrease) increase in net assets available for benefits                                                      | (4,836,863)          | 442,245                           |
| Transfer of assets from other Plans                                                                               | -                    | 39,475,436                        |
| Transfer of assets from Lafarge North America Inc. Retirement Plan                                                | 428,780              | -                                 |
| Transfer of assets from Lafarge North America Inc. Pension Plan<br>for Hourly Compensated Employees (Multi-Plant) | 670,966              | -                                 |
| Net assets available for benefits at beginning of year                                                            | 47,872,893           | 7,955,212                         |
| Net assets available for benefits at end of year                                                                  | <u>\$ 44,135,776</u> | <u>\$ 47,872,893</u>              |

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
**NOTES TO THE FINANCIAL STATEMENTS**

*AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 (UNAUDITED)*

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**Note 1—Description of Plan**

The following description of the Lafarge North America Inc. Hourly Pension Plan (Steelworkers) (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document, as amended and restated, for a more complete description of the Plan’s provisions.

*General* – Effective December 31, 2014, the following plans merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall) and that plan was renamed the Lafarge North America Inc. Hourly Pension Plan (Steelworkers): 1) the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes), 2) the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone), 3) the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove), 4) the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena), 5) the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem), 6) the Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, N.Y. and 7) the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc.

The Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to hourly compensated employees who meet specified service and age requirements of the Company’s facilities located at Ravena, New York; Oswego, New York; Marblehead, Ohio; Whitehall, Pennsylvania; Sparrows Point, MD; and Grove, Kentucky, and are covered by certain collective bargaining agreements. The Plan consists of a basic Plan document and several supplements relating to certain locations and/or unions. Each supplement to the Plan document addresses eligibility, vesting, pension benefits, etc. which may be different from the basic Plan document. The ultimate Plan Sponsor for the Plan is Lafarge North America Inc. (the “Company”). On July 10, 2015, the Company completed a merger with Holcim Ltd and became Lafarge Holcim. 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”).

The Plan supplements were most recently amended on December 30, 2015 to freeze pension benefit accruals effective December 31, 2017 for the following: 1) the Great Lakes supplement, 2) the Newcem supplement, 3) the Oswego supplement and 4) the Whitehall supplement. Effective December 31, 2014, the Plan is closed to Oswego and Ravena employees who first complete an hour of service on or after January 1, 2015. Effective August 1, 2015, the Plan is closed to Detroit Terminal and Marblehead employees who first complete an hour of service on or after that date. Effective January 1, 2016, all hourly compensated employees at the Whitehall, Pennsylvania location are ineligible to participate in the Plan.

During 2015, assets and liabilities for hourly employees and former employees represented by Local No. 174532 affiliated with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union at Oswego, New York in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) transferred to the Plan. See Note 8 for further information.

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 monitor Plan investment performance.

The assets of the Plan and certain other pension plans of the Company are held in the Lafarge North America Inc. Master Trust (“Master Trust”).

**LAFARGE NORTH AMERICA INC.**  
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**Note 1—Description of Plan (continued)**

During the years ended December 31, 2015 and 2014, 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 intent 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 as prescribed by ERISA. 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 vested rights. Vesting is determined by each Plan Supplement. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits.

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. Effective January 1, 2016, the Company amended the Plan to increase the automatic lump sum distribution level from \$1,000 to \$5,000. 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 Plan 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 benefit factor for normal retirement benefits in effect on the date they became permanently disabled.

**Note 2—Summary of 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.

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**NOTES TO THE FINANCIAL STATEMENTS**

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**Note 2—Summary of significant accounting policies (continued)**

*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 (depreciation) 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 2015 and 2014, the Company was not required to make any contributions to the Plan. The Company's contributions for 2015 and 2014 met or exceeded the minimum funding requirements of ERISA.

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

*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 assets available for benefits and the statements 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.

*New Accounting Pronouncements* – In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient*.

**LAFARGE NORTH AMERICA INC.**  
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**NOTES TO THE FINANCIAL STATEMENTS**

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**Note 2—Summary of significant accounting policies (continued)**

This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures and provides for a measurement-date practical expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provides certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investment by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. As permitted, the Plan has elected early adoption of Part II and has applied the ASU retrospectively for all periods presented. The adoption of Part II eliminated the historical disclosure of individual investments which comprise 5% or more of total net assets available for benefits, disclosure of investments by nature, characteristics and risks, as well as the net appreciation or depreciation of fair value types.

*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, 2015 and 2014.

*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.

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**Note 2—Summary of significant accounting policies (continued)**

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 periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the services rendered by employees to the valuation date. 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 retired or terminated employees or their beneficiaries are based on employees' credited service as of their last date of employment. The accumulated plan benefits for active employees are based on credited service earned preceding the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial information is based on reports prepared by the Plan's actuary, Willis Towers Watson, as of January 1, 2015. 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 by the Plan as of January 1, 2015. 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, 2015, significant assumptions underlying the actuarial computations include an effective interest rate of 6.23%, a decrease from 6.51% (unaudited) as of January 1, 2014, 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 45 to 65 and older. 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.

The actuarial present value of accumulated plan benefits as of January 1, 2015 is as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Vested benefits:                                           |                      |
| Participants currently receiving payments                  | \$ 22,742,543        |
| Other participants                                         | <u>18,415,008</u>    |
| Total vested benefits                                      | 41,157,551           |
| Non-vested benefits                                        | <u>984,386</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 42,141,937</u> |

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
**NOTES TO THE FINANCIAL STATEMENTS**

*AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 (UNAUDITED)*

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**Note 3—Actuarial present value of accumulated plan benefits (continued)**

The following is a summary of the changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2015:

|                                                                            |                      |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits,<br>beginning of year | \$ 4,653,175         |
| Increase (decrease) during the year attributable to:                       |                      |
| Benefits accumulated & non-investment experience                           | 36,450,934           |
| Increase for interest due to decrease in discount period                   | 293,830              |
| Benefits paid                                                              | (269,658)            |
| Assumption changes                                                         | 910,530              |
| Plan amendments                                                            | <u>103,126</u>       |
| Actuarial present value of accumulated plan<br>benefits, end of year       | <u>\$ 42,141,937</u> |

Certain actuarial assumptions changed during 2015; the segment interest rates used to calculate the funding target were updated from an applicable month of September 2013 to September 2014, and the required mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvements.

For employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove), the lump sum mortality assumption was updated from the 2014 mortality table to the 2015 mortality table. There was a 10% load applied to the funding target for the former participants of the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, N.Y. The load reflected the estimated impact on Plan liabilities of a change in control benefit increase potentially triggered by the acquisition of Blue Circle by Lafarge SA in 2001.

As noted in Notes 1 and 8 effective December 31, 2014, other plans were merged into the Plan. Accordingly, the other plans' accumulated plan benefits and net assets were transferred into the Plan on January 1, 2015.

As noted in Note 1, the Plan was amended on December 30, 2015 to 1) increase the automatic lump sum distribution from \$1,000 to \$5,000, 2) close the Plan to Whitehall employees hired on or after January 1, 2016, 3) increase the pension multipliers and 4) freeze benefit accruals effective December 31, 2017 for certain Plan supplements. These events were not reflected in the valuation.

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 June 24, 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 has been amended since receiving the determination letter. However, 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.

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**Note 4—Income tax status (continued)**

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, 2015 and 2014, 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. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**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, 2015 and 2014, the Plan's interest in the investments of the Master Trust was approximately 7.45% and 1.35% (unaudited), respectively. Investment (loss) 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, 2015 and 2014 and net investment (loss) 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,          |                       |
|----------------------------|-----------------------|-----------------------|
|                            | 2015                  | 2014                  |
| Investments at fair value: |                       |                       |
| Mutual funds               | \$ 582,725,581        | \$ 617,630,914        |
| Cash and cash equivalents  | <u>4,898,276</u>      | <u>4,644,232</u>      |
|                            | <u>\$ 587,623,857</u> | <u>\$ 622,275,146</u> |

Investment (loss) income for the Master Trust is as follows:

|                                                              | Year Ended December 31, |                      |
|--------------------------------------------------------------|-------------------------|----------------------|
|                                                              | 2015                    | 2014                 |
| Net (depreciation) appreciation in fair value of investments | (\$ 38,540,149)         | \$ 44,132,810        |
| Interest and dividends                                       | <u>19,084,711</u>       | <u>17,564,892</u>    |
|                                                              | <u>(\$ 19,455,438)</u>  | <u>\$ 61,697,702</u> |

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.

**LAFARGE NORTH AMERICA INC.**  
**HOURLY PENSION PLAN (STEELWORKERS)**  
**NOTES TO THE FINANCIAL STATEMENTS**

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**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 are as follows:

| Assets at Fair Values as of December 31, 2015             |                       |             |             |                       |
|-----------------------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                                           | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                                              | \$ 582,725,581        | \$ -        | \$ -        | \$ 582,725,581        |
| Cash and cash equivalents                                 | 4,898,276             | -           | -           | 4,898,276             |
| Total assets                                              | <u>\$ 587,623,857</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 587,623,857</u> |
| Assets at Fair Values as of December 31, 2014 (unaudited) |                       |             |             |                       |
|                                                           | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                                              | \$ 617,630,914        | \$ -        | \$ -        | \$ 617,630,914        |
| Cash and cash equivalents                                 | 4,644,232             | -           | -           | 4,644,232             |
| Total assets                                              | <u>\$ 622,275,146</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 622,275,146</u> |

**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.

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**HOURLY PENSION PLAN (STEELWORKERS)**  
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**Note 8—Significant Plan transactions**

As described in Note 1, effective December 31, 2014, seven plans merged into the Plan. This resulted in a \$39,475,436 transfer into the Plan.

The following amounts were merged to form the Plan.

|                                                                                                           |    |                   |
|-----------------------------------------------------------------------------------------------------------|----|-------------------|
| Lafarge North America Inc. Pension Plan for<br>Hourly Compensated Employees (Great Lakes)                 | \$ | 717,379           |
| Lafarge North America Inc. Pension Plan for<br>Hourly Compensated Employees (Marblehead Stone)            |    | 5,474,225         |
| Lafarge North America Inc. Pension Plan for<br>Hourly Compensated Employees (Grove)                       |    | 7,444,404         |
| Lafarge North America Inc. Pension Plan for Blue Circle<br>Heritage Hourly Compensated Employees (Ravena) |    | 6,927,177         |
| Lafarge North America Inc. Pension Plan for Blue Circle<br>Heritage Hourly Compensated Employees (Newcem) |    | 1,428,537         |
| Blue Circle Inc. Pension Plan for Hourly Rated<br>Employees at Ravena, N.Y                                |    | 16,210,116        |
| Pension Plan for Hourly Rated Employees<br>of the Newcem Operations of Blue Circle Inc.                   |    | <u>1,273,599</u>  |
| Total assets transferred into the Plan                                                                    | \$ | <u>39,475,436</u> |

During 2015, assets and liabilities for hourly employees and former employees represented by Local No. 174532 affiliated with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union at Oswego, New York under the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) were transferred to the Plan. This resulted in a \$670,966 transfer into the Plan.

Effective August 1, 2015, the Plan is closed to Detroit Terminal and Marblehead employees who first complete an hour of service on or after that date. Effective December 31, 2015, the Plan is closed to Whitehall employees who first complete an hour of service on or after that date. Effective December 31, 2014, the Plan is closed to Oswego and Ravena employees who first complete an hour of service on or after January 1, 2015.

On December 30, 2015, the Plan was amended to freeze all pension benefit accruals effective December 31, 2017.

**Note 9—Subsequent events**

In 2015, the Company became aware that that the Lafarge North America Inc. Retirement Plan had investments in the Master Trust that include obligations totaling \$428,780 for certain individuals that will be paid from the Plan. On April 20, 2016, the Lafarge North America Inc. Retirement Plan transferred \$428,780 to the Plan to correct the obligations for these certain individuals. The statement of net assets available for benefits as of December 31, 2015 includes a receivable in the amount of \$428,780.

The Plan has evaluated events through October 14, 2016 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

| 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 | 2                               | 2      | 0      | 0        | 0        | 0                     | 0        | 0        | 0       | 0       |
| 25 to 29                            | Count | 1                               | 3      | 5      | 1        | 0        | 0                     | 0        | 0        | 0       | 0       |
| 30 to 34                            | Count | 1                               | 2      | 5      | 3        | 1        | 0                     | 0        | 0        | 0       | 0       |
| 35 to 39                            | Count | 3                               | 2      | 7      | 14       | 2        | 0                     | 0        | 0        | 0       | 0       |
| 40 to 44                            | Count | 2                               | 5      | 2      | 6        | 8        | 2                     | 0        | 0        | 0       | 0       |
| 45 to 49                            | Count | 1                               | 7      | 3      | 4        | 11       | 7                     | 1        | 0        | 0       | 0       |
| 50 to 54                            | Count | 0                               | 5      | 2      | 13       | 10       | 8                     | 3        | 1        | 1       | 0       |
| 55 to 59                            | Count | 0                               | 6      | 3      | 6        | 9        | 4                     | 1        | 2        | 6       | 1       |
| 60 to 64                            | Count | 0                               | 2      | 1      | 3        | 3        | 4                     | 2        | 2        | 10      | 9       |
| 65 to 69                            | Count | 0                               | 0      | 0      | 1        | 0        | 0                     | 0        | 0        | 1       | 2       |
| 70 & up                             | Count | 0                               | 0      | 0      | 1        | 1        | 0                     | 0        | 0        | 0       | 0       |
|                                     |       | Average Age: 49.0               |        |        |          |          | Average Service: 16.0 |          |          |         |         |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**  
**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

**Economic Assumptions**

Interest rate basis:

- ▶ Applicable month September 2014 based on yields through August preceding the valuation date
- ▶ Yield curve basis Segment rates

Interest rates:

|                       | Not reflecting<br>MAP-21/HATFA<br>corridors | Reflecting<br>MAP-21/HATFA |
|-----------------------|---------------------------------------------|----------------------------|
| ▶ First segment rate  | 1.15%                                       | 4.72%                      |
| ▶ Second segment rate | 4.06%                                       | 6.11%                      |
| ▶ Third segment rate  | 5.15%                                       | 6.81%                      |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**

**Attachment to 2015 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 the plan year plus plan-related expenses expected to be paid from plan assets during the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Actuarial value of assets                               | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.25% for the preceding plan year and 7.00% for the second preceding plan year (7.00% and 6.50%, respectively, for the plans formerly sponsored by Lafarge Building Materials) during the 12 month periods 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 2014 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> <p>The IRS has not issued formal guidance in circumstances of pension plan mergers and spin-offs. The following approach was taken for plans affected by the December 31, 2014 mergers: Deferred investment gains and losses were determined for each affected plan prior to the mergers, and then aggregated for the plans affected by each merger, prior to applying the 10% corridor around each merged plan's market value of assets. The spin-off of \$646,049 from the Multi-Plant plan was treated as a negative cashflow as of December 31, 2014 for that plan, and the merger of the \$646,049 into the Whitehall plan was treated as a positive cashflow as of December 31, 2014 for that plan.</p> |
| Benefits not valued                                     | All significant benefits described in the Plan Provisions 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 lump sum distribution in the event that the present value of benefits is no more than \$1,000 or \$5,000 as applicable. In addition, see "Benefits not valued" below. Willis 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 | <p>The segment interest rates used to calculate the funding target were updated from an applicable month of September 2013 to September 2014.</p> <p>The required mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvements.</p> <p>The administrative expense was updated to reflect expected expenses for 2015.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**  
**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data sources | Willis 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 2015 for the 2014 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 Willis 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. |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Other

|                  |                                                                                                                                                                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan investments | During 2014, the investment targets changed from 60% equity and 40% long duration fixed income, to 48% equity, 40% long duration fixed income, and 12% return-seeking fixed income. |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Assumptions Rationale - Significant Economic Assumptions

|                          |                                                                                                                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate            | For plan funding purposes, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| Lump sum conversion rate | Lump sum benefits are valued assuming that the statutory lump sum conversion rate in the future is equal to the discount rate.                                                                  |

#### Assumptions Rationale - Significant Demographic Assumptions

|                                              |                                                                                                                                                                                                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Healthy Mortality for Plan Funding Purposes  | Assumptions used for plan funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                         |
| Disabled Mortality for Plan Funding Purposes | Assumptions used for plan funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                         |
| Retirement                                   | Retirement rates were based on an experience study conducted in 2010 with annual considerations of whether any conditions have changed that would be expected to produce different results in the future.                                                            |
| Disability                                   | Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.                                                                     |
| Termination                                  | Termination rates were based on an experience study conducted in 2010, with annual considerations of whether any conditions have changed that would be expected to produce different results in the future.                                                          |
| Form of payment                              | Forms of payment and commencement date (for terminated vested participants) are based on an experience study conducted in 2010, with annual considerations of whether any conditions have changed that would be expected to produce different results in the future. |
| Unpredictable contingent event               | Unpredictable contingent event assumptions are based on annual input from the plan sponsor about future expected experience.                                                                                                                                         |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**  
**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

**Source of Prescribed Methods**

Funding methods

The methods used for funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**  
**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

**Economic Assumptions**

Effective Interest Rate                      6.23%

**Demographic Assumptions**

Mortality                      Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA)

Termination                      Rates varying by age and service. Representative rates are shown below:

| Age | Service |        |        |        |        |        |
|-----|---------|--------|--------|--------|--------|--------|
|     | < 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 |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**  
**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Disability

Rates varying by age and sex. Representative rates are shown below:

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

Rates varying by age and sex. Representative rates are shown below for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone):

| <i>Age</i> | <i>Sex</i>  |               |
|------------|-------------|---------------|
|            | <i>Male</i> | <i>Female</i> |
| 20         | 0.00013     | 0.00011       |
| 25         | 0.00019     | 0.00019       |
| 30         | 0.00027     | 0.00033       |
| 35         | 0.00040     | 0.00050       |
| 40         | 0.00063     | 0.00071       |
| 45         | 0.00101     | 0.00104       |
| 50         | 0.00166     | 0.00171       |
| 55         | 0.00300     | 0.00298       |
| 60         | 0.00453     | 0.00359       |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Retirement

Rates varying by age and service applicable for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena) and Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, N.Y.

*Years of Service*

| <i>Age</i> | <i>&lt; 30</i> | <i>30</i> | <i>31 +</i> |
|------------|----------------|-----------|-------------|
| 45-54      | 0.0000         | 0.2500    | 0.0300      |
| 55         | 0.0300         | 0.2500    | 0.1500      |
| 56-60      | 0.0500         | 0.2500    | 0.1500      |
| 61         | 0.1500         | 0.2500    | 0.1500      |
| 62-64      | 0.1500         | 0.2500    | 0.2500      |
| 65         | 1.0000         | 1.0000    | 1.0000      |

Rates varying by age applicable for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes)

|       |         |
|-------|---------|
| 55    | 0.03000 |
| 56-60 | 0.05000 |
| 61-64 | 0.15000 |
| 65    | 1.00000 |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Rates varying by age applicable for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem) and Pension Plan for Hourly Rated Employees of the Newcem Operations of the Blue Circle Inc.

| <i>Age</i> | <i>Rate</i> |
|------------|-------------|
| 60         | 0.0500      |
| 61-64      | 0.1500      |
| 65         | 1.0000      |

Deferred vested benefit  
commencement date

Current inactive: earlier of unreduced retirement age or age 62

For current active, applicable as follows:

Employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall), and Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes): earliest of age 62 with 10 years of credited service, 30 years of credited service, or age 65 with 5 years of credited service

Employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone): earlier of age 62 with 10 years of service, or age 65

Employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem) and Pension Plan for Hourly Rated Employees of the Newcem Operations of the Blue Circle Inc.: earlier of age 62 with 5 years of service, or age 65

Employees formerly participating in the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena), and Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena: earlier of age 62 with 5 years of service, 30 years of credited service, or age 65

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form of payment for future retirees | 50% Life annuity<br>35% Joint and 50% survivor annuity<br>15% Joint and 75% survivor annuity<br><br>For current deferred vesteds, normal unmarried form<br><br>Applicable only to active employees of the former Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove): <ul style="list-style-type: none"><li>• Actives hired before January 1, 2003:<br/>80% select a lump sum, 10% select a 3-year certain and life annuity, 7% select a joint and 50% survivor annuity and 3% select a joint and 75% survivor annuity.</li><li>• Actives hired after January 1, 2003:<br/>50% select a 3-year certain and life annuity, 35% select a joint and 50% survivor annuity and 15% select a joint and 75% survivor annuity</li></ul> |
| Percent married                     | 75% of males; 75% of females                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Spouse age                          | Wife three years younger than husband                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Administrative expense              | \$626,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefits not valued                 | The lump sum option for Grove participants hired prior to January 1, 2003 is not explicitly valued for the terminated participants with deferred vested benefits. Rather, such participants' benefits are valued using the benefit choice assumptions described above.<br><br>The maximum benefit level applicable to the Newcem participants is not valued because this is not expected to affect many future retirees..<br><br>Monthly preretirement death benefits for future Ravena retirees eligible for normal, early, or postponed retirement are valued using the 50% joint and survivor form rather than the 66 2/3% form.                                                                                                                         |
| Lump sum assumptions                | Applicable only to employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove):<br><br>Mortality: 2015 IRS § 417(e) mortality table<br><br>Interest: Funding interest rates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB Part V – Statement of Actuarial Assumptions/Methods**

Other

For the 2015 valuation, there was a 10% load applied to the funding target for the former participants of the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, N.Y. The load reflected the estimated impact on plan liabilities of a change in control benefit increase potentially triggered by the acquisition of Blue Circle by Lafarge SA in 2001.

Applicable only to employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove): The lump sum mortality was updated from the 2014 § 417(e) mortality table to the 2015 § 417(e) mortality table

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

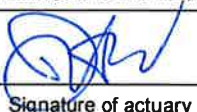
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>LAFARGE NORTH AMERICA INC. HOURLY PENSION PLAN<br>(STEELWORKERS)                                                               | <b>B</b> Three-digit plan number (PN) ►                         | 012 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>LAFARGE NORTH AMERICA INC.                                              | <b>D</b> Employer Identification Number (EIN)<br><br>58-1290226 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

| Part I Basic Information |                                                                                                                                                                                                                 |                            |                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                                        |                            |                           |
| <b>2</b>                 | Assets:                                                                                                                                                                                                         |                            |                           |
|                          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 48,518,942                |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 46,463,512                |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 332                        | 22,194,273                |
|                          | <b>b</b> For terminated vested participants.....                                                                                                                                                                | 314                        | 6,149,863                 |
|                          | <b>c</b> For active participants.....                                                                                                                                                                           | 236                        | 11,147,846                |
|                          | <b>d</b> Total.....                                                                                                                                                                                             | 882                        | 39,491,982                |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                         |                            |                           |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|                          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b>                 | Effective interest rate.....                                                                                                                                                                                    | <b>5</b>                   | 6.23%                     |
| <b>6</b>                 | Target normal cost.....                                                                                                                                                                                         | <b>6</b>                   | 1,130,994                 |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                    |                                                                                                                          |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                   | DAVID WEBBER <br>Signature of actuary | <u>October 7, 2016</u><br>Date<br>1406137<br>Most recent enrollment number<br>703-258-8000<br>Telephone number (including area code) |
| DAVIS WEBBER, FSA<br>Type or print name of actuary<br>TOWERS WATSON DELAWARE INC<br>Firm name<br>901 NORTH GLEBE ROAD<br>ARLINGTON VA 22203<br>Address of the firm |                                                                                                                          |                                                                                                                                      |

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

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

Schedule SB (Form 5500) 2015  
v. 150123

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 1,527,177             | 170,388                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         |                       | 30,000                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 1,527,177             | 140,388                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.08%</u> .....                                                                                | 153,939               | 14,162                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 335,008                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51%</u> ..... |                       | 21,290                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 356,298                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 310,000                |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 1,681,116             | 464,550                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 109.44 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 114.74 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 162.77 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
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|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 1,130,994          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 1,130,994          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**

**Attachment to 2015 Form 5500, Schedule SB, Line Item 22: Weighted Average Retirement Age**

Each Employee is assumed to retire in accordance with the table of retirement rates. The average weighted retirement age is derived by applying these rates to an employee with the characteristics at plan entry of an average current plan participant. The number of employees expected to retire at each potential age is shown below. The average retirement age is 63. The weighted average retirement age is computed as follows:

Whitehall, Ravena and Oswego (based on average entry age of 32):

| (A)                    | (B)          | (C)         | (D)                |                  |
|------------------------|--------------|-------------|--------------------|------------------|
|                        | Probability  |             | Percentage         |                  |
|                        | of Attaining | Retirement  | Retiring           |                  |
| <u>Age</u>             | <u>Age</u>   | <u>Rate</u> | <u>at Each Age</u> | <u>(A) * (D)</u> |
| 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        | 0.250       | 0.159              | 9.889            |
| 63                     | 0.478        | 0.250       | 0.120              | 7.536            |
| 64                     | 0.359        | 0.250       | 0.090              | 5.742            |
| 65                     | 0.269        | 1.000       | 0.269              | 17.495           |
| Average Retirement Age |              |             |                    | 61.884           |

Great Lakes (based on average entry age of 35):

| (A)                    | (B)          | (C)         | (D)                |                  |
|------------------------|--------------|-------------|--------------------|------------------|
|                        | Probability  |             | Percentage         |                  |
|                        | of Attaining | Retirement  | Retiring           |                  |
| <u>Age</u>             | <u>Age</u>   | <u>Rate</u> | <u>at Each Age</u> | <u>(A) * (D)</u> |
| 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           |

Marblehead Stone, Grove, Newcem (based on average entry age of 35):

| (A)                             | (B)          | (C)         | (D)                |                  |
|---------------------------------|--------------|-------------|--------------------|------------------|
|                                 | Probability  |             | Percentage         |                  |
|                                 | of Attaining | Retirement  | Retiring           |                  |
| <u>Age</u>                      | <u>Age</u>   | <u>Rate</u> | <u>at Each Age</u> | <u>(A) * (D)</u> |
| 60                              | 1.000        | 0.050       | 0.050              | 3.000            |
| 61                              | 0.950        | 0.150       | 0.143              | 8.693            |
| 62                              | 0.808        | 0.150       | 0.121              | 7.510            |
| 63                              | 0.686        | 0.150       | 0.103              | 6.486            |
| 64                              | 0.583        | 0.150       | 0.088              | 5.601            |
| 65                              | 0.496        | 1.000       | 0.496              | 32.234           |
| Average Retirement Age          |              |             |                    | 63.523           |
| Weighted average Retirement Age |              |             |                    | 62.535           |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB, Lines 7-13 – Explanation of Discrepancy in Beginning of the Year Carryover and Prefunding Balances**

Effective December 31, 2014, the following plans merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall):

- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes)
- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone)
- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove)
- ▶ Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena)
- ▶ Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem)
- ▶ Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, N.Y.
- ▶ Pension Plan for Hourly-Rated Employees of the Newcem Operations of Blue Circle Inc.

In addition, assets and liabilities for hourly employees and former employees represented by Local No. 14532 affiliated with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union at Oswego, New York in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) spun off to the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). The merged plan was renamed the Lafarge North America Inc. Hourly Pension Plan (Steelworkers).

The following table reconciles the funding balances between the 2014 and 2015 schedules SB for the affected plans.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB, Lines 7-13 – Explanation of Discrepancy in Beginning of the Year Carryover and Prefunding Balances**

**Part II: Reconciliation of Carryover Balance**

|        |                                                                                                                                        | Plan Name:                           | Lafarge North America Inc. Hourly Pension Plan (Steelworkers) | Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes) | Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone) | Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|        |                                                                                                                                        | EIN/PN:                              | 58-1290226/012<br><i>Prior to 12/31/2014 Merger</i>           | 58-1290226/014<br><i>Prior to 12/31/2014 Merger</i>                                    | 58-1290226/023<br><i>Prior to 12/31/2014 Merger</i>                                         | 58-1290226/032<br><i>Prior to 12/31/2014 Merger</i>                              |
| Line 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)                                              |                                      | 1,527,177                                                     | -                                                                                      | -                                                                                           | -                                                                                |
| 8      | Portion elected for use to offset prior year's funding requirement (line 35 from prior year)                                           |                                      | -                                                             | -                                                                                      | -                                                                                           | -                                                                                |
| 9      | Amount remaining (line 7 minus line 8)                                                                                                 |                                      | 1,527,177                                                     | -                                                                                      | -                                                                                           | -                                                                                |
| 10     | Interest                                                                                                                               | Prior year's actual return           | 10.08%                                                        | 10.16%                                                                                 | 10.09%                                                                                      | 10.31%                                                                           |
| 10     | Interest on line 9 using prior year's actual return                                                                                    |                                      | 153,939                                                       | -                                                                                      | -                                                                                           | -                                                                                |
| 11     | (a) Present value of excess contributions (line 38a from prior year)                                                                   |                                      |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 11     | Interest                                                                                                                               | Prior year's effective interest rate |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 11     | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate |                                      |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 11     | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return                                                |                                      |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 11     | c Total available at beginning of current plan year to add to prefunding balance                                                       |                                      |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 11     | d Portion of (c) to be added to prefunding balance                                                                                     |                                      |                                                               |                                                                                        |                                                                                             |                                                                                  |
| 12     | Other reductions in balances due to elections or deemed elections                                                                      |                                      | N/A                                                           | N/A                                                                                    | N/A                                                                                         | N/A                                                                              |
| 13     | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)                                                           |                                      | N/A                                                           | N/A                                                                                    | N/A                                                                                         | N/A                                                                              |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB, Lines 7-13 – Explanation of Discrepancy in Beginning of the Year Carryover and Prefunding Balances**

**Part II: Reconciliation of Carryover Balance**

|        |                                                                                              | Plan Name:                                                                                                                        | Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena) | Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem) | Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena N.Y. | Pension Plan for Hourly-Rated Employees of the Newcem Operation of Blue Circle Inc. | Lafarge North America Inc. Hourly Pension Plan (Steelworkers) |
|--------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
|        |                                                                                              | EIN/PN:                                                                                                                           | 58-1290226/039<br>Prior to 12/31/2014 Merger                                                           | 58-1290226/040<br>Prior to 12/31/2014 Merger                                                           | 22-2452187/006<br>Prior to 12/31/2014 Merger                            | 22-2452187/007<br>Prior to 12/31/2014 Merger                                        | 58-1290226/012<br>Reflecting Merger                           |
| Line 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)    |                                                                                                                                   | -                                                                                                      | -                                                                                                      | -                                                                       | -                                                                                   | 1,527,177                                                     |
| 8      | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) |                                                                                                                                   | -                                                                                                      | -                                                                                                      | -                                                                       | -                                                                                   | -                                                             |
| 9      | Amount remaining (line 7 minus line 8)                                                       |                                                                                                                                   | -                                                                                                      | -                                                                                                      | -                                                                       | -                                                                                   | 1,527,177                                                     |
| 10     | Interest                                                                                     | Prior year's actual return                                                                                                        | 10.03%                                                                                                 | 9.83%                                                                                                  | 13.27%                                                                  | 13.27%                                                                              | 10.08%                                                        |
| 10     | Interest on line 9 using prior year's actual return                                          |                                                                                                                                   | -                                                                                                      | -                                                                                                      | -                                                                       | -                                                                                   | 153,939                                                       |
| 11     | (a)                                                                                          | Present value of excess contributions (line 38a from prior year)                                                                  |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 11     | Interest                                                                                     | Prior year's effective interest rate                                                                                              |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 11     | b(1)                                                                                         | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 11     | b(2)                                                                                         | Interest on line 38b from prior year Schedule SB, using prior year's actual return                                                |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 11     | c                                                                                            | Total available at beginning of current plan year to add to prefunding balance                                                    |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 11     | d                                                                                            | Portion of (c) to be added to prefunding balance                                                                                  |                                                                                                        |                                                                                                        |                                                                         |                                                                                     |                                                               |
| 12     | Other reductions in balances due to elections or deemed elections                            |                                                                                                                                   | N/A                                                                                                    | N/A                                                                                                    | N/A                                                                     | N/A                                                                                 | -                                                             |
| 13     | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)                 |                                                                                                                                   | N/A                                                                                                    | N/A                                                                                                    | N/A                                                                     | N/A                                                                                 | 1,681,116                                                     |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB, Lines 7-13 – Explanation of Discrepancy in Beginning of the Year Carryover and Prefunding Balances**

**Part II: Reconciliation of Prefunding Balance**

|             |                                                                                                                                   | Plan Name: | Lafarge North America Inc.<br>Hourly Pension Plan<br>(Steelworkers) | Lafarge North America Inc.<br>Pension Plan for Hourly<br>Compensated Employees<br>(Great Lakes) | Lafarge North America Inc.<br>Pension Plan for Hourly<br>Compensated Employees<br>(Marblehead Stone) | Lafarge North America Inc.<br>Pension Plan for Hourly<br>Compensated Employees<br>(Grove) |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|             |                                                                                                                                   | EIN/PN:    | 58-1290226/012                                                      | 58-1290226/014                                                                                  | 58-1290226/023                                                                                       | 58-1290226/032                                                                            |
|             |                                                                                                                                   |            | <i>Prior to 12/31/2014 Merger</i>                                   | <i>Prior to 12/31/2014 Merger</i>                                                               | <i>Prior to 12/31/2014 Merger</i>                                                                    | <i>Prior to 12/31/2014 Merger</i>                                                         |
| Line 7      | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)                                         |            | -                                                                   | -                                                                                               | 136,308                                                                                              | -                                                                                         |
| 8           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year)                                      |            | -                                                                   | -                                                                                               | -                                                                                                    | -                                                                                         |
| 9           | Amount remaining (line 7 minus line 8)                                                                                            |            | -                                                                   | -                                                                                               | 136,308                                                                                              | -                                                                                         |
| 10 Interest | Prior year's actual return                                                                                                        |            | 10.08%                                                              | 10.16%                                                                                          | 10.09%                                                                                               | 10.31%                                                                                    |
| 10          | Interest on line 9 using prior year's actual return                                                                               |            | -                                                                   | -                                                                                               | 13,753                                                                                               | -                                                                                         |
| 11 (a)      | Present value of excess contributions (line 38a from prior year)                                                                  |            | -                                                                   | 16,048                                                                                          | -                                                                                                    | 12,433                                                                                    |
| 11 Interest | Prior year's effective interest rate                                                                                              |            | 6.51%                                                               | 6.52%                                                                                           | 6.49%                                                                                                | 6.43%                                                                                     |
| 11 b(1)     | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate |            | -                                                                   | 1,046                                                                                           | -                                                                                                    | 799                                                                                       |
| 11 b(2)     | Interest on line 38b from prior year Schedule SB, using prior year's actual return                                                |            | -                                                                   | -                                                                                               | -                                                                                                    | -                                                                                         |
| 11 c        | Total available at beginning of current plan year to add to prefunding balance                                                    |            | -                                                                   | 17,094                                                                                          | -                                                                                                    | 13,232                                                                                    |
| 11 d        | Portion of (c) to be added to prefunding balance                                                                                  |            | N/A                                                                 | N/A                                                                                             | N/A                                                                                                  | N/A                                                                                       |
| 12          | Other reductions in balances due to elections or deemed elections                                                                 |            | N/A                                                                 | N/A                                                                                             | N/A                                                                                                  | N/A                                                                                       |
| 13          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)                                                      |            | N/A                                                                 | N/A                                                                                             | N/A                                                                                                  | N/A                                                                                       |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**

**EIN 58-1290226/PN 012**

**Attachment to 2015 Schedule SB, Lines 7-13 – Explanation of Discrepancy in Beginning of the Year Carryover and Prefunding Balances**

**Part II: Reconciliation of Prefunding Balance**

|        |          | Plan Name:                                                                                                                        | Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena) | Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem) | Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena N.Y. | Pension Plan for Hourly-Rated Employees of the Newcem Operation of Blue Circle Inc. | Lafarge North America Inc. Hourly Pension Plan (Steelworkers) |
|--------|----------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
|        |          | EIN/PN:                                                                                                                           | 58-1290226/039                                                                                         | 58-1290226/040                                                                                         | 22-2452187/006                                                          | 22-2452187/007                                                                      | 58-1290226/012                                                |
|        |          |                                                                                                                                   | <i>Prior to 12/31/2014 Merger</i>                                                                      | <i>Prior to 12/31/2014 Merger</i>                                                                      | <i>Prior to 12/31/2014 Merger</i>                                       | <i>Prior to 12/31/2014 Merger</i>                                                   | <i>Reflecting Merger</i>                                      |
| Line 7 |          | Balance at beginning of prior year after applicable adjustments (line 13 from prior year)                                         | 34,080                                                                                                 | -                                                                                                      | -                                                                       | -                                                                                   | 170,388                                                       |
| 8      |          | Portion elected for use to offset prior year's funding requirement (line 35 from prior year)                                      | 30,000                                                                                                 | -                                                                                                      | -                                                                       | -                                                                                   | 30,000                                                        |
| 9      |          | Amount remaining (line 7 minus line 8)                                                                                            | 4,080                                                                                                  | -                                                                                                      | -                                                                       | -                                                                                   | 140,388                                                       |
| 10     | Interest | Prior year's actual return                                                                                                        | 10.03%                                                                                                 | 9.83%                                                                                                  | 13.27%                                                                  | 13.27%                                                                              | 10.08%                                                        |
| 10     |          | Interest on line 9 using prior year's actual return                                                                               | 409                                                                                                    | -                                                                                                      | -                                                                       | -                                                                                   | 14,162                                                        |
| 11     | (a)      | Present value of excess contributions (line 38a from prior year)                                                                  |                                                                                                        | 5,610                                                                                                  | 252,209                                                                 | 48,708                                                                              | 335,008                                                       |
| 11     | Interest | Prior year's effective interest rate                                                                                              | 6.61%                                                                                                  | 6.61%                                                                                                  | 6.30%                                                                   | 6.54%                                                                               | 6.51%                                                         |
| 11     | b(1)     | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate | -                                                                                                      | 371                                                                                                    | 15,889                                                                  | 3,185                                                                               | 21,290                                                        |
| 11     | b(2)     | Interest on line 38b from prior year Schedule SB, using prior year's actual return                                                | -                                                                                                      | -                                                                                                      | -                                                                       | -                                                                                   | -                                                             |
| 11     | c        | Total available at beginning of current plan year to add to prefunding balance                                                    | -                                                                                                      | 5,981                                                                                                  | 268,098                                                                 | 51,893                                                                              | 356,298                                                       |
| 11     | d        | Portion of (c) to be added to prefunding balance                                                                                  | N/A                                                                                                    | N/A                                                                                                    | N/A                                                                     | N/A                                                                                 | 310,000                                                       |
| 12     |          | Other reductions in balances due to elections or deemed elections                                                                 | N/A                                                                                                    | N/A                                                                                                    | N/A                                                                     | N/A                                                                                 | -                                                             |
| 13     |          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)                                                      | N/A                                                                                                    | N/A                                                                                                    | N/A                                                                     | N/A                                                                                 | 464,550                                                       |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**  
**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall) and Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant)

**Effective Date**

The original effective date of this plan was April 1, 1950.

**Covered Employees**

All hourly compensated employees at the Lafarge North America Inc. Whitehall Plant in Whitehall, Pennsylvania. Employees hired on or after January 1, 2016 are ineligible to participate in the plan<sup>1</sup>.

Effective January 1, 2015, all hourly compensated employees of Lafarge North America Inc. who are represented by Local No. 14532 affiliated with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union at Oswego, New York, and who first had an hour of service prior to January 1, 2015

**Participation Date**

Date of hire

**Definitions**

Eligibility service

An employee earns one year of eligibility service for each year of employment in which he or she works at least 1,000 hours. No partial service is earned if the employee works less than 1,000 hours.

Credited service

For Whitehall, credited service is computed according to the following schedule:

| <u>Service</u>   | <u>Full Year Credit</u> | <u>One Month Credit</u> |
|------------------|-------------------------|-------------------------|
| 5/1/50 — 4/30/63 | 1,600 Hours             | 133 1/3 hours           |
| 5/1/63 — 4/30/67 | 1,400 hours             | 116 hours               |
| 5/1/67 — 1/30/94 | 1,200 hours             | 100 hours               |

Effective February 1, 1994, a participant will earn one year of credited service for each calendar year in which 1,200 hours are worked. If a participant works less than 1,200 hours, a fractional credit will be earned equal to hours worked divided by 1,200.

Credited service is counted for service rendered before May 1, 1950 on an elapsed time basis from date of hire until May 1, 1950 rounded to the nearest month.

For Oswego, a full year of credit is earned at 1,200 hours, and partial credit is given for fewer hours.

<sup>1</sup> Per December 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

Normal retirement date  
(NRD)

First day of the month coinciding with or next following the attainment of age 65. For employees at the Oswego, New York location, first day of the month coinciding with or next following the attainment of age 65 and completion of 5 years of eligibility service.

Monthly pension benefit

The accrued benefit for an employee is computed by multiplying the retirement multiplier below by credited service:

| <u>Multiplier</u> | <u>Effective Date</u>  |
|-------------------|------------------------|
| \$30.50           | 1/1/2004               |
| \$32.00           | 1/1/2005               |
| \$34.00           | 1/1/2006               |
| \$36.00           | 1/1/2007               |
| \$37.00           | 1/1/2008               |
| \$39.00           | 1/1/2009               |
| \$40.50           | 12/1/2010              |
| \$42.00           | 12/1/2011              |
| \$43.00           | 12/1/2012              |
| \$43.50           | 12/1/2013              |
| \$44.00           | 12/1/2014              |
| \$45.00           | 12/1/2017 <sup>1</sup> |

The monthly pension benefit will be frozen effective December 31, 2017<sup>1</sup>

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<sup>1</sup> Per December 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

For employees at the Oswego, New York location, the accrued benefit for an employee is computed by multiplying the retirement multiplier below by credited service

| <u>Multiplier</u> | <u>Effective Date</u> |
|-------------------|-----------------------|
| \$28.50           | 12/16/2003            |
| \$29.50           | 12/16/2004            |
| \$30.50           | 12/16/2005            |
| \$31.50           | 12/16/2006            |
| \$32.50           | 12/16/2007            |
| \$34.50           | 12/16/2008            |
| \$36.50           | 12/16/2009            |
| \$37.50           | 12/16/2010            |
| \$39.00           | 12/16/2011            |
| \$40.50           | 12/16/2012            |
| \$42.00           | 12/16/2013            |
| \$43.00           | 1/1/2015 <sup>1</sup> |
| \$44.00           | 1/1/2016 <sup>1</sup> |
| \$45.00           | 1/1/2017 <sup>1</sup> |

The monthly pension benefit will be frozen effective December 31, 2017<sup>1</sup>

Monthly preretirement  
death benefit

If the participant was not eligible for early retirement, 66 2/3% of the monthly pension benefit (50% for Oswego) as of the date of death, reduced for 66 2/3% joint and survivor election (50% joint and survivor for Oswego) and reduced for payment as early as the participant's 55th birthday.

If the participant was eligible for early retirement, 66 2/3% of the monthly pension benefit as of the date of death, reduced for 66 2/3% joint and survivor election and reduced for early commencement. This benefit will not be less than \$75.00 until the spouse turns 62.

**Eligibility for Benefits**

Normal retirement

Retirement on NRD

Early retirement

The earlier of the first day of month coinciding with or next following the attainment of age 55 with 10 years of eligibility service, or the completion of 30 years of eligibility service.

Postponed retirement

Retirement after NRD

<sup>1</sup> Per December 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 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 10 years eligibility service who is unable to obtain gainful employment by reason of total and permanent disability is eligible for disability retirement.                                                                                                                 |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                                                           |
| Shutdown benefits           | A participant at the Oswego New York location who has at least 10 years of eligibility service and whose age and eligibility service equal at least 65 is eligible for a benefit if service is broken by plant shutdown or if he is laid off and the company declares employment is unlikely. |

**Benefits Paid Upon the Following Events**

|                       |                                                                                                                                                                                                                                                   |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement     | Monthly pension benefit determined as of NRD                                                                                                                                                                                                      |
| Early retirement      | Monthly pension benefit reduced .3% for each month that actual retirement date precedes NRD, however, the benefit is unreduced after 30 years of eligibility service.                                                                             |
| 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. If the benefit starts before normal retirement date, the benefit will be reduced using actuarially equivalent benefit reduction factors. |
| Disability retirement | The monthly disability benefit payable immediately based on the following multipliers and minimum benefit:                                                                                                                                        |

| <u>Multiplier</u> | <u>Minimum</u> | <u>Effective Date</u>  |
|-------------------|----------------|------------------------|
| \$31.50           | \$450.00       | 1/1/2004               |
| \$33.00           | \$450.00       | 1/1/2005               |
| \$35.00           | \$700.00       | 1/1/2006               |
| \$37.00           | \$700.00       | 1/1/2007               |
| \$38.00           | \$700.00       | 1/1/2008               |
| \$40.00           | \$750.00       | 1/1/2009               |
| \$41.50           | \$750.00       | 12/1/2010              |
| \$43.00           | \$750.00       | 12/1/2011              |
| \$44.00           | \$800.00       | 12/1/2012              |
| \$44.50           | \$800.00       | 12/1/2013              |
| \$45.00           | \$800.00       | 12/1/2014              |
| \$46.00           | \$800.00       | 12/1/2017 <sup>1</sup> |

<sup>1</sup> Per December 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

When a disabled participant reaches age 65 his benefit will be recalculated according to the benefits level and his credited service on the date of his disability.

For an employee at the Oswego, New York location, the monthly disability benefit, payable immediately, is equal to the disability multiplier (retirement multiplier + \$1.00) multiplied by credited service. The minimum monthly benefit is \$450.

Preretirement death

Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.

Shutdown benefits

If an employee at the Oswego, New York location, the monthly pension benefit unreduced for early commencement.

**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 50% joint and survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent form offered by the plan. Optional forms are:

- ▶ Joint and 66 2/3% survivor annuity
- ▶ Joint and 75% survivor annuity
- ▶ Joint and 100% survivor annuity

Actuarial equivalence for optional form conversion other than lump sum:

- ▶ Participant mortality: UP 1984 Unisex
- ▶ Beneficiary mortality: UP 1984 Unisex
- ▶ Interest rate: 7.00%

An automatic lump sum distribution made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.

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.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the following plans merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall):

- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes)
- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone)
- ▶ Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove)
- ▶ Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena)
- ▶ Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem)
- ▶ Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, N.Y.
- ▶ Pension Plan for Hourly-Rated Employees of the Newcem Operations of Blue Circle Inc.

In addition, assets and liabilities for hourly employees and former employees represented by Local No. 14532 affiliated with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union at Oswego, New York in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) spun off to the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). The merged plan was renamed the Lafarge North America Inc. Hourly Pension Plan (Steelworkers).

Also effective December 31, 2014, the plan is closed to Oswego and Ravena employees who first complete an hour of service on or after January 1, 2015. Effective August 1, 2015, the plan is closed to Detroit Terminal and Marblehead employees who first complete an hour of service on or after that date.

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to (1) increase the automatic lump sum distribution level from \$1,000 to \$5,000, (2) close the plan to Whitehall employees hired on or after January 1, 2016, (3) increase pension multipliers as specified above, and (4) freeze benefit accruals effective December 31, 2017. These were not reflected in the valuation.

No other plan changes were reflected other than pension increases scheduled for the plan year, if any, that were adopted before the valuation date. Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**  
**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes)

**Covered Employees**

All hourly compensated employees of Lafarge North America Inc. at the following terminals:

- ▶ Buffalo, New York
- ▶ Detroit, Michigan who first have an hour of service prior to August 1, 2015

who are represented by the Cement, Lime, Gypsum and Allied Workers Division of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, ALF-CIO.

**Participation Date**

The later of:

- ▶ January 1, 1988
- ▶ The January 1 or July 1 following completion of one year of service.

**Definitions**

Eligibility service

Eligibility service is counted from the participant's date of hire until the date of termination.

Credited service

Credited service is counted from the participant's date of hire. However, no credit is earned for service before January 1, 1987.

Normal retirement date (NRD)

First day of the month coinciding with or next following the attainment of age 65 and completion of 5 years of eligibility service.

Monthly pension benefit

The accrued benefit for an employee is equal to the appropriate benefit multiplier shown below multiplied by credited service.

| <u>Location</u> | <u>Monthly Benefit<br/>Multiplier</u> | <u>Effective Date</u> |
|-----------------|---------------------------------------|-----------------------|
| Buffalo         | \$21.50                               | 12/5/1997             |
| Detroit         | \$25.50                               | 1/1/2004              |
|                 | \$27.00                               | 1/1/2005              |
|                 | \$28.00                               | 1/1/2007              |
|                 | \$29.00                               | 1/1/2008              |
|                 | \$30.00                               | 1/1/2009              |
|                 | \$31.00                               | 1/1/2010              |
|                 | \$32.00                               | 1/1/2011              |
|                 | \$33.00                               | 1/1/2012              |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

|         |                       |
|---------|-----------------------|
| \$34.00 | 1/1/2015 <sup>1</sup> |
| \$35.00 | 1/1/2016 <sup>1</sup> |
| \$36.00 | 1/1/2017 <sup>1</sup> |

Monthly benefits are frozen effective December 31, 2017<sup>1</sup>.

|                                     |                                                                                                                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 55th birthday. |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Eligibility for Benefits**

|                             |                                                                                                                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                                                                         |
| Early retirement            | 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                                                                                                                                                                                                      |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of eligibility service.                                                                                                                    |
| Disability retirement       | A participant covered by the employer's Long Term Disability Plan with 10 years of 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 reduced .5% for each month that actual retirement date precedes NRD.                                                                                                                                                |
| 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. 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, payable immediately, is equal to the accrued benefit on the date of disability but not less than the amounts shown below:                                                                                   |

|          |                         |                 |
|----------|-------------------------|-----------------|
| Terminal | Minimum Monthly Benefit | Retirement Date |
| Buffalo  | \$280                   |                 |

<sup>1</sup> Adopted during 2015 and not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**  
**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

|                     |                                                                                                |       |                             |
|---------------------|------------------------------------------------------------------------------------------------|-------|-----------------------------|
|                     | Detroit                                                                                        | \$400 | on or after January 1, 2002 |
| Preretirement death | Monthly preretirement death benefits on behalf of both active and terminated vested employees. |       |                             |

**Other Plan Provisions**

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment    | <p>Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent joint and 50% survivor annuity, or, if the participant elects and the spouse consents, an actuarially equivalent joint and 75% survivor annuity.</p> <p>Actuarial equivalence for optional form conversion other than lump sum:</p> <ul style="list-style-type: none"><li>▶ Participant mortality: UP 1984 Unisex</li><li>▶ Beneficiary mortality: UP 1984 Unisex</li><li>▶ Interest rate: 9.00%</li></ul> <p>An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.</p> |
| Maximum on benefits | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes) merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). Effective August 1, 2015, the latter plan was amended to close participation to Detroit Terminal employees with an hour of service on or after that date.

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to (1) increase the automatic lump sum distribution level from \$1,000 to \$5,000, (2) increase monthly benefit multipliers as noted above, and (3) set a freeze in benefit accruals as of December 31, 2017. These were not reflected in the valuation.

No other plan changes were reflected other than pension increases scheduled for the plan year, if any, that were adopted before the valuation date. Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone)

|                              |                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b>     | All hourly compensated employees at the Marblehead Plant of the Standard Lafarge Company who are represented by United Steelworkers of America, AFL-CIO, and first complete an hour of service prior to August 1, 2015.                                                                                                           |
| <b>Participation Date</b>    | Date of hire                                                                                                                                                                                                                                                                                                                      |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                   |
| Credited service             | An employee earns one full year of credited service for each plan year in which he works 1,000 hours.<br>After May 15, 1976, an employee who completes less than 1,000 hours during the first or last plan year of employment earns one month of credited service for each full month employed with at least 83 1/3 hours worked. |
| Normal retirement date (NRD) | First day of the month coinciding with or next following the attainment of age 65 and completion 5 years of plan participation.                                                                                                                                                                                                   |
| Monthly pension benefit      | The accrued benefit for an employee is computer by multiplying the retirement multiplier below by credited service:                                                                                                                                                                                                               |

| <u>Retirement Multiplier</u> | <u>Effective Date</u>  |
|------------------------------|------------------------|
| \$24.00                      | 5/16/2003              |
| \$25.00                      | 5/16/2004              |
| \$26.00                      | 5/16/2005              |
| \$27.50                      | 5/16/2006              |
| \$29.00                      | 5/16/2007              |
| \$30.00                      | 5/16/2008              |
| \$31.00                      | 5/16/2009              |
| \$34.00                      | 5/16/2010              |
| \$36.00                      | 5/16/2011              |
| \$37.00                      | 5/16/2012              |
| \$38.00                      | 5/16/2013              |
| \$39.00                      | 5/16/2014 <sup>1</sup> |
| \$40.00                      | 5/16/2015 <sup>1</sup> |
| \$41.00                      | 5/16/2016 <sup>1</sup> |

<sup>1</sup> Per plan amendment adopted in December 2015; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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|                                     |                                                                                                                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 60 with 10 years of credited service.                                                                                                                                                                |
| Postponed retirement        | Retirement after NRD                                                                                                                                                                                                                                                                    |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of credited service.                                                                                                                                                                                     |
| Disability retirement       | A participant who is unable to obtain gainful employment by reason of physical or mental disability, and if such disability continues for at least six months and the participant is eligible for company long-term disability benefits, will be eligible for plan disability benefits. |
| 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. If the benefit starts before normal retirement date, the benefit will be actuarially reduced.                                                                                                                                                                                                                                                                                                                                                                                    |
| Disability retirement | <p>The monthly pension benefit prior to May 16, 2006 is \$11.00; the monthly pension benefit effective May 16, 2006 is equal to the retirement multiplier less \$5.00. Benefits begin immediately and are not subject to early retirement reductions. At age 65, the benefit is recalculated using the service they would have had at the time and the normal retirement benefit multiplier in effect on the date of his disability retirement.</p> <p>Effective May 16, 2006 for employees with 10 years of credited service, the disability benefit is the monthly pension benefit.</p> |
| Preretirement death   | Monthly preretirement death benefit on behalf of both active and terminated vested employees is reduced as described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

**Other Plan Provisions**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment                        | <p>Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent joint and 50% survivor annuity, or, if the participant elects and the spouse consents, an actuarially equivalent joint and 75% survivor annuity.</p> <p>Actuarial equivalence for optional form conversion other than lump sum:</p> <ul style="list-style-type: none"><li>▶ Participant mortality: GAM 1971 Male</li><li>▶ Beneficiary mortality: GAM 1971 Male</li><li>▶ Interest rate: 5.00%</li></ul> <p>An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.</p> |
| Maximum on benefits                     | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Special Early Retirement Window Program | <p>A participant who is at least age 60 with 30 or more years of Credited Service as of July 31, 2011 may elect during the period June 3, 2011 to July 3, 2011 to receive a special early retirement window benefit which is the regular early retirement benefit without reduction for payment prior to normal retirement date. The benefit will commence on August 1, 2011. The married participant is deemed to elect to receive a reduced monthly benefit payable for his lifetime with 50% payable to his spouse upon his death.</p>                                                                                                                                                                                                                                                                   |

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone) merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). Effective August 1, 2015, the latter plan was amended to close participation to Marblehead employees with an hour of service on or after that date.

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to (1) increase the automatic lump sum distribution level from \$1,000 to \$5,000, and (2) increase retirement multipliers as specified above. These were not reflected in the valuation.

No other plan changes were reflected other than pension increases scheduled for the plan year, if any, that were adopted before the valuation date. Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove)

**Covered Employees** An employee who is employed on a full time basis at the Frederick, Maryland; Rockville, Maryland, Boyds, Maryland or Middleton, Virginia locations; and who is subject to a collective bargaining agreement between the company and the United Steelworkers of America AFL-CIO-C.L.C. on behalf of Local No. 81-A.

**Participation Date** Date of completion of one hour of service. Employees who were participants under the predecessor plan immediately before the Effective Date are participants as of November 4, 1986.

**Definitions**

**Eligibility service** Eligibility service is measured from the date the employee is first credited with one hour of service until the date of termination. Breaks in service of twelve-months or less are not deducted from the employee's eligibility service provided that he returns to service at the end of his absence.

**Credited service** Eligibility service rounded to the nearest quarter-year, excluding service beyond the Disability Retirement Date or service credited under a different pension plan.

**Normal retirement date (NRD)** First day of the month coinciding or next following the attainment of age 65.

**Monthly pension benefit** The accrued benefit for an employee is computed by multiplying the retirement multiplier below by credited service:

| <u>Retirement Multiplier</u> | <u>Effective Date</u> |
|------------------------------|-----------------------|
| \$25.15                      | 10/1/2003             |
| \$25.65                      | 10/1/2004             |
| \$26.15                      | 10/1/2005             |
| \$27.25                      | 10/1/2006             |
| \$28.25                      | 10/1/2007             |
| \$29.20                      | 10/1/2008             |
| \$30.05                      | 10/1/2009             |
| \$31.05                      | 10/1/2010             |
| \$32.05                      | 10/1/2011             |
| \$33.05                      | 10/1/2012             |
| \$34.05                      | 10/1/2013             |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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|                                     |                                                                                                                                                                                         |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement death benefit | 50% of the 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 60 with 5 years of eligibility service.                                                                                                              |
| Postponed retirement        | Retirement after NRD                                                                                                                                                                                                                    |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of eligibility service.                                                                                                                                  |
| Disability retirement       | A participant with 5 years eligibility service who is unable to obtain gainful employment by reason of total and permanent disability, and whose disability has persisted for at least 6 months, is eligible for disability retirement. |
| 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 reduced .5% for each month that actual retirement date precedes NRD                                                                                                                                                 |
| 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. 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 payable immediately is equal to the Normal Retirement Benefit calculated using credited service at the date of disability, with a monthly minimum benefit of \$300 effective May 10, 1994.                   |
| Preretirement death   | Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.                                                                                                               |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

**Other Plan Provisions**

Forms of payment

Monthly pension benefits are paid as described above as a three year certain and 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 forms are:

- ▶ Joint and 75% survivor annuity
- ▶ Joint and 100% survivor annuity
- ▶ Lump sum if hired prior to January 1, 2003

Actuarial equivalence for optional form conversion other than lump sum form of payment:

- ▶ Participant mortality: UP 1984 Unisex
- ▶ Beneficiary mortality: UP 1984 Unisex
- ▶ Interest rate: 9.00%

An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.

Lump sums are calculated as the present value of accrued benefits using IRC § 417(e) assumptions.

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.

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Certain Maryland aggregates operations were divested to Bluegrass Materials effective February 12, 2014. As a result, a number of employees participating in the plan were terminated, and the plan was amended to grant vesting for those participants not already vested. This is reflected in the 2015 valuation.

Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Hourly-Rated Employees (Grove) merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall). This is reflected in the 2015 valuation.

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to increase the automatic lump sum distribution level from \$1,000 to \$5,000. This was not reflected in the valuation.

No other plan changes were reflected other than pension increases scheduled for the plan year, if any, that were adopted before the valuation date. Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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**Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena)**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b>     | Atlantic division employees covered by a collective bargaining agreement are eligible to participate in the pension plan, other than those who first have an hour of service on or after January 1, 2015 <sup>1</sup> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Participation Date</b>    | Covered Employees become eligible on date of hire. Active participants of the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, NY on December 31, 2001 participate on January 1, 2002.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Eligibility service          | Used for benefit eligibility purposes, eligibility service prior to January 1, 1975 is years (and fractional years) of the participant's period of continuous service. On and after January 1, 1975, a participant accrues one year of eligibility service for each plan year in which he works 1,000 hours. Periods of approved leave of absence and military service will be counted as eligibility service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Credited service             | <p>Used for benefit amount purposes, credited service prior to May 1, 1975 will be determined in accordance with the provisions of the former plans. On and after May 1, 1975, a participant accrues a year of credited service for each plan year in which he works 1,200 hours, with 1/12 of a year's credit given for each 100 hours worked less than 1,200. Credited service will include periods of temporary illness, military service (not greater than 5 years), leave of absence or layoffs of less than 2 years.</p> <p>Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, N.Y. is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account for purposes of determining the participant's credited service as well as periods taken into account in determining eligibility service under the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, N.Y. Participants are not entitled to this service credit if they elect to receive a lump-sum distribution of his or her benefit under the Blue Circle Pension Plan for Hourly Rated Employees at Ravena, N.Y.</p> |
| Normal retirement date (NRD) | First day of the month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

<sup>1</sup> The 2015 participation freeze is reflected in the merged Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall).

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
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Monthly pension benefit

The accrued benefit for an employee is computed by multiplying the retirement multiplier below by credited service:

| <u>Retirement Multiplier</u> | <u>Effective Date</u> |
|------------------------------|-----------------------|
| \$31.50                      | 7/1/2003              |
| \$33.50                      | 7/1/2004              |
| \$35.50                      | 7/1/2005              |
| \$36.50                      | 7/1/2006              |
| \$37.50                      | 7/1/2007              |
| \$39.00                      | 7/1/2008              |
| \$40.00                      | 7/1/2009              |
| \$41.50                      | 7/1/2010              |
| \$42.50                      | 7/1/2011              |
| \$43.50                      | 7/1/2012              |
| \$44.50                      | 7/1/2013              |
| \$45.00                      | 7/1/2014              |
| \$45.50                      | 7/1/2015              |
| \$47.50                      | 7/1/2016              |
| \$48.50                      | 7/1/2017              |

The benefit payable under this plan will be reduced by the benefit payable under any offsetting plan. Offsetting plans are other defined benefit pension plans or retirement plans, including the Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, NY, under which a benefit is determined, based on service with respect to which the participant is also entitled to credited service under this plan.

Monthly preretirement  
death benefit

66 2/3% (50% for future retirees not eligible for normal, early or postponed retirement) of the accrued monthly pension benefit as of the date of death, reduced for 66 2/3% (50%, as applicable) 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 earlier of the first day of the month coinciding with or next following the attainment of age 55 with 5 years of eligibility service or the completion of 30 years of eligibility service regardless of age.

Postponed retirement

Retirement after NRD

Vested termination

Termination for reason other than death or retirement after completing 5 years of eligibility service.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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|                             |                                                                                                                                                                      |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability retirement       | A participant with 5 years of 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 reduced .3% for each month that actual retirement date precedes NRD, however, the benefit is unreduced after 30 years of eligibility service.                                                                                                                                                |
| 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. If the benefit starts before normal retirement date, the benefit will be reduced .5% for each month that actual retirement date precedes NRD up to 60 months, and 1/3 of 1% for each month in excess of 60. |
| Disability retirement | The monthly disability benefit, payable immediately, is equal to the accrued benefit as of the date of disability, with a minimum benefit of \$650 per month.                                                                                                                                                        |
| Preretirement death   | Monthly preretirement death benefits on behalf of active employees are reduced as described above with a minimum of \$75.00 until spouse's age 62.                                                                                                                                                                   |

**Other Plan Provisions**

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment | <p>Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are:</p> <ul style="list-style-type: none"><li>▶ Joint and 66 2/3% survivor annuity</li><li>▶ Joint and 75% survivor annuity</li><li>▶ Joint and 100% survivor annuity</li></ul> <p>Actuarial equivalence for optional form conversion other than lump sum:</p> <ul style="list-style-type: none"><li>▶ Participant mortality: UP 1994 blended 50% males; 50% females</li><li>▶ Beneficiary mortality: UP 1994 blended 50% males; 50% females</li><li>▶ Interest rate: 6.50%</li></ul> <p>An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.</p> |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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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.

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

During 2014, the plan was amended to increase the pension retirement multipliers. This amendment is reflected in the 2015 valuation.

Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena) merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall).

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to increase the automatic lump sum distribution level from \$1,000 to \$5,000. This was not reflected in the valuation.

Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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Plan provisions for employees formerly participating in the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem)

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b>     | All hourly employees who perform services at Lafarge's Sparrows Point, Maryland facility. New hires on or after January 1, 2016 are ineligible to participate in the plan <sup>1</sup> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Participation Date</b>    | Covered employees who were active participants in the Pension Plan for Hourly Rated Employees of the Newcem Operations on December 31, 2001 participate in this plan at January 1, 2002. Covered employees hired after December 31, 2001 participate on their date of hire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Eligibility service          | Used for benefit eligibility purposes, years (and fractional years) of the participant's period of continuous service. Periods of temporary illness, disability, authorized leaves of absence, military service and periods of termination of employment not in excess of one year will be counted as eligibility service. Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc. is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account for purposes of determining the participant's eligibility service under the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc. |
| Credited service             | Used for benefit amount purposes, credited service is the same as eligibility service, except that periods of termination of employment and periods of disability that extend beyond twelve months will not be counted as credited service. Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc. is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account for purposes of determining the participant's credited service under the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc.                                                                                   |
| Normal retirement date (NRD) | First day of the month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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<sup>1</sup> Per 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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Monthly pension benefit

The accrued benefit for an employee is computed by multiplying the retirement multiplier below by credited service:

| <u>Retirement Multiplier</u> | <u>Effective Date</u> |
|------------------------------|-----------------------|
| \$26.00                      | 9/1/2003              |
| \$27.00                      | 9/1/2004              |
| \$28.00                      | 9/1/2005              |
| \$30.00                      | 9/1/2006              |
| \$31.50                      | 9/1/2007              |
| \$33.00                      | 9/1/2008              |
| \$34.50                      | 9/1/2009              |
| \$36.00                      | 9/1/2010              |
| \$37.00                      | 9/1/2011              |
| \$38.50                      | 9/1/2012              |
| \$40.00                      | 9/1/2013              |
| \$41.50                      | 9/1/2014              |
| \$43.00                      | 9/1/2015 <sup>1</sup> |
| \$44.50                      | 9/1/2016 <sup>1</sup> |
| \$45.50                      | 9/1/2017 <sup>1</sup> |

The benefit payable under this plan will be reduced by the benefit payable under any offsetting plan. Offsetting plans are other defined benefit pension plans or retirement plans, including the Pension Plan for Hourly Rated Employees of the Newcem Operations of Blue Circle Inc., under which a benefit is determined based on service with respect to which the participant is also entitled to credited service under this plan.

The total pension benefit and Social Security benefits payable at age 62 (or at actual date of retirement, if later) is limited to 80% of the monthly average of the participant's two highest calendar years' earnings during the last five calendar years of eligibility service prior to retirement (as reported on the participant's W-2 forms or as determined by multiplying his base hourly rate as in effect on the last day of the calendar year by 2,080 to determine an annual rate of earnings, whichever is greater). Regardless, the monthly benefit, before adjustment for optional payment form, will not be less than 11.00 per year of credited service. After retirement, increases in Social Security benefits will not affect the monthly benefit.

The monthly pension benefit will be frozen effective December 31, 2017.

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.

<sup>1</sup> Per 2015 plan amendment; not reflected in the January 1, 2015 valuation.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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**Eligibility for Benefits**

|                             |                                                                                                                                                                   |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                 |
| Early retirement            | The first day of month coinciding with or next following the attainment of age 60 with 5 years of eligibility service.                                            |
| Postponed retirement        | Retirement after NRD                                                                                                                                              |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of eligibility service or the attainment of age 65.                                |
| Disability retirement       | A participant with 5 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 reduced .5% for each month that actual retirement date precedes NRD.                                                                                                                                                |
| 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. 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 after five months of 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 forms are: <ul style="list-style-type: none"><li>▶ Joint and 75% survivor annuity</li></ul> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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- ▶ 5 year certain and continuous annuity
- ▶ 10 year certain and continuous annuity
- ▶ 15 year certain and continuous annuity

Actuarial equivalence for optional form conversion other than lump sum:

- ▶ Participant mortality: UP 1994 blended 50% males; 50% females
- ▶ Beneficiary mortality: UP 1994 blended 50% males; 50% females
- ▶ Interest rate: 6.50%

An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.

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.

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem) merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall).

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to (1) increase the automatic lump sum distribution level from \$1,000 to \$5,000, (2) close the plan to employees hired on or after January 1, 2016, (3) increase retirement multipliers as specified above, and (4) freeze benefits effective December 31, 2017. These were not reflected in the valuation.

No other plan changes were reflected other than pension increases scheduled for the plan year, if any, that were adopted before the valuation date. Willis Towers Watson is not aware of any other plan changes which are required to be reflected.

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**  
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Plan provisions for employees formerly participating in the Blue Circle Inc. Pension Plan for Hourly-Rated Employees at Ravena, N.Y.

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b>            | Atlantic division employees covered by a collective bargaining agreement are eligible to participate in the pension plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Participation Date</b>           | Date of hire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Definitions</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Eligibility service                 | Used for benefit eligibility purposes, eligibility service prior to January 1, 1975 is years (and fractional years) of the participant's period of continuous service. On and after January 1, 1975, a participant accrues one year of eligibility service for each plan year in which he works 1,000 hours. Periods of approved leave of absence and military service will be counted as eligibility service.<br><br>Note: As of January 1, 2002, the sponsoring employer had no employees (many former employees of the sponsor are now employees of Lafarge North America Inc.). However, periods of employment with Lafarge North America after December 31, 2001 will be considered for the purposes of determining benefit eligibility. |
| Credited service                    | Used for benefit amount purposes, credited service prior to May 1, 1975 will be determined in accordance with the provisions of the former plans. On and after May 1, 1975, a participant accrues a year of credited service for each plan year in which he works 1,200 hours, with 1/12 of a year's credit given for each 100 hours worked less than 1,200. credited service will include periods of temporary illness, military service (not greater than 5 years), leave of absence or layoffs of less than 2 years.<br><br>No periods of employment after December 31, 2001 will be considered credited service for the purpose of calculating the amount of any benefits under this plan.                                                |
| Normal retirement date (NRD)        | First day of the month coinciding with or next following the participant's 65th birthday.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Monthly pension benefit             | The accrued benefit for an employee is equal to \$29.50 multiplied by credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Monthly preretirement death benefit | 66 2/3% (50% for future retirees not eligible for normal, early or postponed retirement) of the accrued monthly pension benefit as of the date of death, reduced for 66 2/3% (50%, as applicable) joint and survivor election and reduced for payment as early as the participant's earliest retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
**EIN 58-1290226**  
**PN 012**  
**Attachment to 2015 Schedule SB Part V – Summary of Plan Provisions**

**Eligibility for Benefits**

|                             |                                                                                                                                                                                                |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                                              |
| Early retirement            | The earlier of the first day of the month coinciding with or next following the attainment of age 55 with 5 years of eligibility service or 30 years of eligibility service regardless of age. |
| Postponed retirement        | Retirement after NRD                                                                                                                                                                           |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of eligibility service.                                                                                         |
| Disability retirement       | A participant with 5 years of 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 reduced .3% for each month that actual retirement date precedes normal retirement date, however, the benefit is unreduced after 30 years of eligibility service.                                                                                                                             |
| 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. If the benefit starts before normal retirement date, the benefit will be reduced .5% for each month that actual retirement date precedes NRD up to 60 months, and 1/3 of 1% for each month in excess of 60. |
| Disability retirement | The monthly disability benefit, payable immediately, is equal to \$29.50 times credited service, with a minimum benefit of \$600 per month.                                                                                                                                                                          |
| Preretirement death   | Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.                                                                                                                                                                                        |

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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**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 50% joint and survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are:

- ▶ Joint and 66 2/3% survivor annuity
- ▶ Joint and 75% survivor annuity
- ▶ Joint and 100% survivor annuity

Actuarial equivalence for optional form conversion other than for lump sums:

- ▶ Participant mortality: UP 1994 blended 50% males; 50% females
- ▶ Beneficiary mortality: UP 1994 blended 50% males; 50% females
- ▶ Interest rate: 6.50%

An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.

Maximum on benefits

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

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the Blue Circle Inc. Pension Plan for Hourly Rated Employees at Ravena, N.Y. merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall).

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to increase the automatic lump sum distribution level from \$1,000 to \$5,000. This was not reflected in the valuation.

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

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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Plan provisions for employees formerly participating in the Pension Plan for Hourly-Rated Employees of the Newcem Operations of Blue Circle Inc.

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b>            | Employees who are members of the collective bargaining unit represented by Local #2609A of the United Steelworkers of America, AFL-CIO/CLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Participation Date</b>           | Date of hire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Definitions</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Eligibility service                 | Used for benefit eligibility purposes, years (and fractional years) of the participant's period of continuous service. Periods of temporary illness, disability, authorized leaves of absence, military service and periods of termination of employment not in excess of one year will be counted as eligibility service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Credited service                    | <p>Used for benefit amount purposes, credited service is the same as eligibility service, except that periods of termination of employment and periods of disability that extend beyond twelve months will not be counted as credited service.</p> <p>Note: As of January 1, 2002, the sponsoring employer had no employees (many former employees of the sponsor are now employees of Lafarge North America Inc.). Consequently, no periods of employment after December 31, 2001 will be considered credited service for the purpose of calculating the amount of any benefits under this plan.</p>                                                                                                                                                                                                                                                                         |
| Normal retirement date (NRD)        | First day of the month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Monthly pension benefit             | <p>The accrued benefit for an employee is equal to \$24.00 multiplied by credited service.</p> <p>The total pension benefit and Social Security benefits payable at age 62 (or at actual date of retirement, if later) is limited to 80% of the monthly average of the participant's two highest calendar years' earnings during the last five calendar years of eligibility service prior to retirement (as reported on the participant's W-2 forms or as determined by multiplying his base hourly rate as in effect on the last day of the calendar year by 2,080 to determine an annual rate of earnings, whichever is greater). Regardless, the monthly benefit, before adjustment for optional payment form, will not be less than 11.00 per year of credited service. After retirement, increases in Social Security benefits will not affect the monthly benefit.</p> |
| 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**

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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|                             |                                                                                                                                                                   |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                 |
| Early retirement            | The first day of the month coinciding with or next following the attainment of age 60 with 5 years of eligibility service.                                        |
| Postponed retirement        | Retirement after NRD                                                                                                                                              |
| Vested termination          | Termination for reason other than death or retirement after completing 5 years of eligibility service.                                                            |
| Disability retirement       | A participant with 5 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 reduced .5% for each month that actual retirement date precedes NRD.                                                                                                                                                |
| 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. 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 after five months of disability, is equal to the accrued benefit as of the date of disability.                                                                                              |
| Preretirement death   | Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.                                                                                                               |

**Other Plan Provisions**

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment | <p>Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of an actuarially equivalent joint and 50% survivor annuity, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are:</p> <ul style="list-style-type: none"><li>▶ Joint and 75% survivor annuity</li><li>▶ 5 year certain and continuous annuity</li><li>▶ 10 year certain and continuous annuity</li><li>▶ 15 year certain and continuous annuity</li></ul> |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Lafarge North America Inc. Hourly Pension Plan (Steelworkers)**  
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Actuarial equivalence for optional form conversion other than lump sum:

- ▶ Participant mortality: UP 1994 blended 50% males; 50% females
- ▶ Beneficiary mortality: UP 1994 blended 50% males; 50% females
- ▶ Interest rate: 6.50%

An automatic lump sum distribution is made if the present value of benefits is no more than \$1,000 (\$5,000 effective January 1, 2016) and \$5,000 for survivor benefits.

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.

**Changes in Plan Provisions Since Prior Year Valuation and Other Events**

Effective December 31, 2014, the Pension Plan for Hourly-Rated Employees of the Newcem Operations of Blue Circle Inc. Plan merged into the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall).

Effective July 2015, Lafarge (the parent company of Lafarge North America Inc.) merged with Holcim to form LafargeHolcim. This did not impact the plan valuation, and the plan sponsor remains Lafarge North America Inc.

In December 2015, LafargeHolcim amended the plan to increase the automatic lump sum distribution level from \$1,000 to \$5,000. This was not reflected in the valuation.

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