

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>	1b	Three-digit plan number (PN) ▶ <u>033</u>
		1c	Effective date of plan <u>01/01/1960</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LAFARGE NORTH AMERICA INC.</u> <u>8700 W BRYN MAWR AVE., STE 300</u> <u>CHICAGO, IL 60631</u>	2b	Employer Identification Number (EIN) <u>58-1290226</u>
		2c	Plan Sponsor's telephone number <u>773-372-1000</u>
		2d	Business code (see instructions) <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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	LAUREEN STROHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	LAUREEN STROHL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT ADMINISTRATION COMMITTEE LAFARGE NORTH AMERICA INC. 8700 W. BRYN MAWR ROAD, SUITE 300N CHICAGO, IL 60631	3b Administrator's EIN 58-1290226
	3c Administrator's telephone number 773-372-1000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 268
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 83
a(2) Total number of active participants at the end of the plan year	6a(2) 77
b Retired or separated participants receiving benefits.....	6b 129
c Other retired or separated participants entitled to future benefits	6c 11
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 42
f Total. Add lines 6d and 6e	6f 259
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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.

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>	B Three-digit plan number (PN) ▶ <u>033</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LAFARGE NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>58-1290226</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>22745136</u>
b Actuarial value	2b <u>24045859</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>170</u> <u>15494206</u> <u>15494206</u>
b For terminated vested participants.....	<u>15</u> <u>615829</u> <u>615829</u>
c For active participants.....	<u>83</u> <u>6512193</u> <u>6863790</u>
d Total.....	<u>268</u> <u>22622228</u> <u>22973825</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.01</u> %
6 Target normal cost.....	6 <u>761608</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/05/2017</u>
	Signature of actuary	Date
<u>DAVID WEBBER, FSA</u>	Type or print name of actuary	<u>17-06137</u>
<u>TOWERS WATSON DELAWARE INC</u>	Firm name	Most recent enrollment number
<u>800 NORTH GLEBE ROAD</u> <u>ARLINGTON, VA 22203</u>	Address of the firm	<u>703-258-8000</u>
		Telephone number (including area code)

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	272974
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	272974
10	Interest on line 9 using prior year's actual return of <u>-2.98</u> %	0	-8135
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>6.21</u> %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	264839

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.51%
15	Adjusted funding target attainment percentage	15	104.66%
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	105.46%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
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?		☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">1st segment: 4.43%</div> <div style="text-align: center;">2nd segment: 5.91%</div> <div style="text-align: center;">3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	61
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	761608
b	Excess assets, if applicable, but not greater than line 31a	31b	761608
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	0
43	Excess installment acceleration amount to be carried over to future plan years	43	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)	B Three-digit plan number (PN) ▶ 033
C Plan sponsor's name as shown on line 2a of Form 5500 LAFARGE NORTH AMERICA INC.	D Employer Identification Number (EIN) 58-1290226

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

36-2723087

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

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

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

TOWERS WATSON DELAWARE, INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE KNOWN	78025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE KNOWN	8268	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 19 21 24 27 28 33 49 50 51 52	NONE KNOWN	7385	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>033</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>033</u>		
B Three-digit plan number (PN) ►	<u>033</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LAFARGE NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>58-1290226</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LAFARGE NORTH AMERICA INC. MT

b Name of sponsor of entity listed in (a): LAFARGE NORTH AMERICA INC.

c EIN-PN <u>22-3481535-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22949946</u>
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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)
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>	B Three-digit plan number (PN) ►	<u>033</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAFARGE NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>58-1290226</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	22745136	22949946
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	22745136 22949946
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	39648 0
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	39648 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22705488 22949946

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2142683
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2142683

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1662318	
(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)		1662318
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)	86480	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	7385	
(4) Other	2i(4)	142042	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		235907
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1898225

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		244458
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4022771. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>	B Three-digit plan number (PN) ▶ <u>033</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAFARGE NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>58-1290226</u>

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Lafarge North America Inc. Select Defined Benefit Plans

Lafarge North America Inc. Retirement Plan

Lafarge North America Inc. Hourly Pension Plan (Steelworkers)

**Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly
Compensated Employees (Cement)**

Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)

**Lafarge North America Inc. Pension Plan for Hourly Compensated
Employees (Multi-Plant)**

**Lafarge North America Inc. Pension Plan for Hourly Compensated
Employees (Presque Isle)**

**Lafarge North America Inc. Pension Plan for Hourly Compensated
Employees (Aggregates and Concrete)**

**Financial Report
December 31, 2016**

Lafarge North America Inc. Select Defined Benefit Plans

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Independent Auditor's Report

To the Benefit Plan Design Committee
Lafarge North America Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Lafarge North America Inc. Retirement Plan, Lafarge North America Inc. Hourly Pension Plan (Steelworkers), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement), Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) (collectively, the "Plans"), which comprise the modified cash basis statements of net assets available for benefits and accumulated plan benefits as of December 31, 2016 and the related modified cash basis statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements.

To the Benefit Plan Design Committee
Lafarge North America, Inc.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 3, which was certified by The Northern Trust Company (the "Trustee"), except for comparing such information with the related information included in the 2016 financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2016 that the information provided to the plan administrator 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 on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter. The financial statements for 2015 have been restated to reflect the modified cash basis of accounting adopted in 2016.

Report on Prior Year Financial Statements

The December 31, 2015 financial statements of Lafarge North America Inc. Retirement Plan, Lafarge North America Inc. Hourly Pension Plan (Steelworkers), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement), Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle), and Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) as of and for the year ended December 31, 2015, before the restatement described in Note 2, were audited by other auditors, whose reports dated October 14, 2016 disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As part of our audit of the 2016 financial statements, we also audited the adjustments described in Note 2 that were applied to restate the 2015 financial statements to a modified cash basis. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2015 financial statements of the Plans other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2015 financial statements as a whole.

To the Benefit Plan Design Committee
Lafarge North America, Inc.

**Report on Form and Content in Compliance with DOL Rules and Regulations for 2016
Financial Statements**

The form and content of the information included in the 2016 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Toledo, Ohio
October 5, 2017

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

	December 31, 2016						
	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Assets							
Investments - at fair value - Plan's interest in the Lafarge North America Inc. Master Retirement Trust (Note 5)	\$ 437,580,080	\$ 45,239,390	\$ 16,479,089	\$ 38,398,145	\$ 19,874,915	\$ 22,949,946	\$ 15,669,839
Net Assets Available for Benefits	\$ 437,580,080	\$ 45,239,390	\$ 16,479,089	\$ 38,398,145	\$ 19,874,915	\$ 22,949,946	\$ 15,669,839

	December 31, 2015 (As restated) (Note 2)						
	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Assets							
Investments - at fair value - Plan's interest in the Lafarge North America Inc. Master Retirement Trust (Note 5)	\$ 422,295,899	\$ 43,796,049	\$ 16,305,443	\$ 39,087,027	\$ 19,487,504	\$ 22,745,136	\$ 15,694,192
Net Assets Available for Benefits	\$ 422,295,899	\$ 43,796,049	\$ 16,305,443	\$ 39,087,027	\$ 19,487,504	\$ 22,745,136	\$ 15,694,192

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis Year Ended December 31, 2016

	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement- Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi- Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Additions to Net Assets							
Investment income - Plan's interest in the Lafarge North America Inc. Master Retirement Trust investment income - Net of investment expenses (Note 5)	\$ 40,002,484	\$ 4,178,528	\$ 1,538,525	\$ 3,668,183	\$ 1,856,305	\$ 2,142,683	\$ 1,476,219
Other income	655,272						
Employer contributions	<u>22,100,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>150,000</u>	<u>-</u>	<u>-</u>
Total additions	62,757,756	4,178,528	1,538,525	3,668,183	2,006,305	2,142,683	1,476,219
Deductions from Net Assets							
Benefits paid directly to participants or beneficiaries	43,413,014	2,744,225	1,176,150	2,925,510	1,731,275	1,662,318	1,233,194
Administrative expenses	<u>4,230,707</u>	<u>411,387</u>	<u>182,640</u>	<u>448,695</u>	<u>319,269</u>	<u>275,555</u>	<u>243,308</u>
Total deductions	<u>47,643,721</u>	<u>3,155,612</u>	<u>1,358,790</u>	<u>3,374,205</u>	<u>2,050,544</u>	<u>1,937,873</u>	<u>1,476,502</u>
Net Increase (Decrease) Before Other Changes	15,114,035	1,022,916	179,735	293,978	(44,239)	204,810	(283)
Transfers In (Note 7)	1,191,639	428,780	5,161	-	603,963	-	-
Transfers Out (Note 7)	<u>(1,021,493)</u>	<u>(8,355)</u>	<u>(11,250)</u>	<u>(982,860)</u>	<u>(172,313)</u>	<u>-</u>	<u>(24,070)</u>
Net Increase (Decrease)	15,284,181	1,443,341	173,646	(688,882)	387,411	204,810	(24,353)
Net Assets Available for Benefits							
Beginning of year	<u>422,295,899</u>	<u>43,796,049</u>	<u>16,305,443</u>	<u>39,087,027</u>	<u>19,487,504</u>	<u>22,745,136</u>	<u>15,694,192</u>
End of year	<u>\$ 437,580,080</u>	<u>\$ 45,239,390</u>	<u>\$ 16,479,089</u>	<u>\$ 38,398,145</u>	<u>\$ 19,874,915</u>	<u>\$ 22,949,946</u>	<u>\$ 15,669,839</u>

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis Year Ended December 31, 2015

	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement- Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi- Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Additions to Net Assets							
Investment loss - Plan's interest in the Lafarge North America Inc. Master Retirement Trust investment income - Net of investment expenses (Note 5)	\$ (14,004,276)	\$ (1,439,373)	\$ (528,429)	\$ (1,244,823)	\$ (617,985)	\$ (723,153)	\$ (498,598)
Employer Contributions	<u>18,900,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total additions (deductions)	4,895,724	(1,439,373)	(528,429)	(1,244,823)	(617,985)	(723,153)	(498,598)
Deductions from Net Assets							
Benefits paid directly to participants or beneficiaries	46,866,592	2,580,981	1,237,135	2,767,095	1,888,521	1,654,217	1,266,812
Purchase of annuity contracts	29,480,566	-	-	-	-	-	-
Administrative expenses	<u>4,983,536</u>	<u>727,456</u>	<u>388,691</u>	<u>359,618</u>	<u>270,294</u>	<u>220,298</u>	<u>189,347</u>
Total deductions	<u>81,330,694</u>	<u>3,308,437</u>	<u>1,625,826</u>	<u>3,126,713</u>	<u>2,158,815</u>	<u>1,874,515</u>	<u>1,456,159</u>
Net Decrease Before Other Changes	(76,434,970)	(4,747,810)	(2,154,255)	(4,371,536)	(2,776,800)	(2,597,668)	(1,954,757)
Transfers In (Note 7)	-	40,146,402	16,912,137	-	21,850,762	-	-
Transfers Out (Note 7)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(670,966)</u>	<u>-</u>	<u>-</u>
Net (Decrease) Increase	(76,434,970)	35,398,592	14,757,882	(4,371,536)	18,402,996	(2,597,668)	(1,954,757)
Net Assets Available for Benefits							
Beginning of year	<u>498,730,869</u>	<u>8,397,457</u>	<u>1,547,561</u>	<u>43,458,563</u>	<u>1,084,508</u>	<u>25,342,804</u>	<u>17,648,949</u>
End of year	<u>\$ 422,295,899</u>	<u>\$ 43,796,049</u>	<u>\$ 16,305,443</u>	<u>\$ 39,087,027</u>	<u>\$ 19,487,504</u>	<u>\$ 22,745,136</u>	<u>\$ 15,694,192</u>

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Accumulated Plan Benefits - Modified Cash Basis December 31, 2015

	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement- Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi- Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Actuarial Present Value of Accumulated Plans Benefits							
Vested benefits:							
Participants currently receiving benefit payments	\$ 393,985,544	\$ 22,199,494	\$ 10,557,953	\$ 31,274,371	\$ 14,929,255	\$ 15,476,252	\$ 11,636,948
Participating employees	112,234,636	11,464,317	-	2,604,345	1,138,307	6,513,281	1,837,194
Participants with deferred benefits	72,663,900	6,073,764	3,466,627	4,796,537	5,290,178	617,176	2,361,709
Total vested benefits	578,884,080	39,737,575	14,024,580	38,675,253	21,357,740	22,606,709	15,835,851
Nonvested benefits	5,232,115	803,944	-	178,071	-	339,859	206,880
Total Actuarial Present Value of Accumulated Plans Benefits	\$ 584,116,195	\$ 40,541,519	\$ 14,024,580	\$ 38,853,324	\$ 21,357,740	\$ 22,946,568	\$ 16,042,731

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis Year Ended December 31, 2015

	Lafarge North America Inc. Retirement Plan	Lafarge North America Inc. Hourly Pension Plan (Steelworkers)	Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	Lafarge North America Inc. Hourly Pension Plan (Cement- Boilermakers)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi- Plant)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)	Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Actuarial Present Value of Accumulated Plans Benefits - Beginning of year	\$ 616,644,852	\$ 42,141,937	\$ 14,660,681	\$ 39,627,640	\$ 22,542,906	\$ 23,490,170	\$ 16,409,438
Increase (decrease) during the year attributable to:							
Benefits accumulated and noninvestment experience	14,608,288	(936,868)	(41,700)	141,486	(388,859)	34,368	188,511
Benefit payments	(46,866,592)	(2,580,981)	(1,237,135)	(2,767,095)	(1,888,521)	(1,654,217)	(1,266,812)
Increase due to decrease in the discount period	34,752,734	2,452,215	843,067	2,295,855	1,298,734	1,360,507	947,115
Annuity purchase	(29,033,477)	-	-	-	-	-	-
Amendment changes	-	-	-	49,523	-	42,169	-
Assumption changes (Note 4)	(5,989,610)	(534,784)	(200,333)	(494,085)	(206,520)	(326,429)	(235,521)
Net decrease in accumulated plan benefits	(32,528,657)	(1,600,418)	(636,101)	(774,316)	(1,185,166)	(543,602)	(366,707)
Actuarial Present Value of Accumulated Plans Benefits - End of year	\$ 584,116,195	\$ 40,541,519	\$ 14,024,580	\$ 38,853,324	\$ 21,357,740	\$ 22,946,568	\$ 16,042,731

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

The following description of Lafarge North America Inc. Retirement Plan (the “LNARP Plan”), Lafarge North America Inc. Hourly Pension Plan (Steelworkers) (the “Steelworkers Plan”), Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement) (the “Cement Plan”), Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers) (the “Cement-Boilermakers Plan”), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) (the “Multi-Plant Plan”), Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle) (the “Presque Isle Plan”), and Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) (the “Aggregates and Concrete Plan”) (collectively, the “Plans”) provides only general information. Participants should refer to the Plans’ legal documents for a more complete description of the Plans’ provisions.

General - The plan sponsor for the Plans is Lafarge North America Inc. (the “Company”). All Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The LNARP Plan was established on January 1, 1998. The LNARP Plan is a noncontributory defined benefit plan that provides for pension and disability benefits, covering salaried and certain hourly employees who have completed one year of service and are age 21 or older. The LNARP Plan also provides for disability benefits and special death benefits before or after retirement. Effective January 1, 2009, the LNARP Plan was frozen to prohibit new entrants. Effective June 30, 2015, the LNARP Plan was frozen to stop future benefit accruals.

The Steelworkers Plan was established on December 31, 2014. The Steelworkers Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to hourly compensated employees who meet specific service and age requirements of the Company’s facilities located at Ravena, New York; Oswego, New York; Detroit, Michigan; Marblehead, Ohio; Whitehall, Pennsylvania; Sparrows Point, Maryland; and Grove, Kentucky, and are covered by certain collective bargaining agreements. The Steelworkers Plan consists of a basic plan document and several supplements relating to certain locations and/or unions. Effective December 31, 2014, the Steelworkers Plan was frozen to prohibit new entrants of Oswego, New York and Ravena, New York employees. Effective August 1, 2015, the Steelworkers Plan was frozen to prohibit new entrants of Detroit and Marblehead employees. Effective January 1, 2016, the Steelworkers Plan was frozen to prohibit new entrants of Whitehall, Pennsylvania and Sparrows Point, Maryland employees. Effective December 31, 2017, the Steelworkers plan will be frozen to stop the accrual of benefits for the Detroit, Sparrows Point, Oswego, and Whitehall employees.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

The Blue Circle Inc. Pension Plan for Cement Union Hourly Employees (BCIPP) was established on May 1, 1981 and later acquired by Lafarge Materials Inc. On January 1, 2002, all employees transferred employment to the Company. At that time BCIPP was effectively frozen to new entrants as well as the accrual of benefits and the name of the plan was changed to Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement). The Cement Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to certain hourly compensated employees who work at specific plan locations or are covered by certain collective bargaining agreements. The Cement Plan consists of several supplements relating to certain locations and/or unions.

The Cement-Boilermakers Plan was adopted by the Company on May 23, 1983. The Cement-Boilermakers Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to certain hourly compensated employees covered by certain supplements as defined in the plan document. The Cement-Boilermakers Plan was most recently amended on December 30, 2015 to:

- 1) Clarify applicability of the Cement-Boilermakers Plan as of the restatement effective date, January 1, 2015,
- 2) Fully vest those employees who terminated employment in the Davenport Purchase Agreement effective April 16, 2015,
- 3) Freeze the plan for new entrants from the Seattle location effective January 1, 2016, increase the Seattle multipliers, and freeze accrued benefits effective December 31, 2017 for Seattle employees (effective February 15, 2016 for employees hired on or after August 1, 2015).

The Multi-Plant Plan was established on May 1, 1963. The Multi-Plant Plan is a noncontributory defined benefit plan that provides for pension benefits to certain employees who work at the Joppa, Illinois plant and members of the Local Union No. 3907 of the United Mineworkers of America, and participants covered by the former Blue Circle Inc. Pension Plan.

The Presque Isle Plan was established by the Company on January 1, 2002. Effective January 1, 2015, the plan was frozen to prohibit new entrants hired on or after the effective date. The Presque Isle Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to certain hourly compensated employee who meet specified service requirements of certain aggregates facilities located in Presque Isle, Michigan.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

The Aggregates and Concrete Plan was established by the Company on June 1, 1952. The Aggregates and Concrete Plan is a noncontributory defined benefit plan that provides for pension and disability benefits to certain hourly compensated employees covered by various collective bargaining agreements.

Effective January 1, 2016, each of the plans was amended to increase the automatic lump-sum distribution level from \$1,000 to \$5,000.

Eligibility and Vesting - Eligibility and vesting differs between the Plans and various supplements. Participants should refer to the plan agreement for the specific eligibility and vesting requirements.

Pension Benefits - The normal monthly retirement benefit is calculated as set forth in the applicable attachments to the Plans. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as stated in the Plans.

Payment of Benefits - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum equal to the vested value of the participant's accumulated plan benefits if less than \$5,000 or in various installment annuities.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA for the years ended December 31, 2016 and 2015.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by The Northern Trust Company or its affiliates. The Northern Trust Company is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation - Effective January 1, 2016, the Plans adopted a policy of preparing their financial statements on the modified cash basis of accounting. Revenue is recorded when received, rather than when earned, expenses are recorded when paid, rather than when the obligation is incurred, and investments are recognized at fair value. Previously, contributions receivable and accrued liabilities were recorded when earned and incurred, respectively. The change was adopted retrospectively. Accordingly, the financial statements are not intended to be in conformity with accounting principles generally accepted in the United States of America.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

The effect of the adoption on the statements of net assets available for benefits to each of the plans was as follows. See additional detail of the changes in receivables and liabilities in Note 9.

	December 31, 2015		
	Decrease in Receivables (Note 9)	Decrease in Liabilities (Note 9)	(Decrease) Increase in Net Assets
LNARP	\$ (13,347,089)	\$ (1,309,526)	\$ (12,037,563)
Steelworkers	(428,780)	(89,053)	(339,727)
Cement	-	(47,795)	47,795
Cement-Boilermakers	-	(52,943)	52,943
Multi-Plant	(592,713)	(43,965)	(548,748)
Presque Isle	-	(39,648)	39,648
Aggregates and Concrete	-	(40,341)	40,341

	December 31, 2014		
	Decrease in Receivables (Note 9)	Decrease in Liabilities (Note 9)	(Decrease) Increase in Net Assets
LNARP	\$ (5,100,000)	\$ (576,772)	\$ (4,523,228)
Steelworkers	(39,475,436)	-	(39,475,436)
Cement	(16,912,137)	(160,937)	(16,751,200)
Cement-Boilermakers	-	(73,895)	73,895
Multi-Plant	(22,006,667)	-	(22,006,667)
Presque Isle	-	(36,356)	36,356
Aggregates and Concrete	-	(39,206)	39,206

The impact on the change in net assets for the year ended December 31, 2015 was an (decrease) increase as follows:

	2015
LNARP	\$ (7,514,335)
Steelworkers	39,135,709
Cement	16,798,995
Cement-Boilermakers	(20,952)
Multi-Plant	21,457,919
Presque Isle	3,292
Aggregates and Concrete	1,135

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment in Master Trust - The Plans' investments are held in the Lafarge North America Inc. Master Retirement Trust (the "Master Trust"), which was established for the investment of assets of the Plans and one other of the Company's sponsored benefit plans that was terminated during 2015. During the years ended December 31, 2016 and 2015, assets in the Master Trust were held by The Northern Trust Company (the "Trustee"). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

The fair value of the Plans' interest in the Master Trust is based on the beginning of the year value of the Plans' interest plus actual contributions and allocated investment income, less actual distributions and administrative expenses, as well as certain allocated administrative expenses. The Master Trust's investments are stated at fair value, based on quoted market values. See Note 5 for additional information.

Benefit Payments - Benefits are recorded when paid.

Annuity Purchase - In December 2015, the LNARP Plan purchased an annuity contract for \$29,480,566 through The Prudential Insurance Company of America to settle the benefit obligations of certain participants. In 2016, the LNARP Plan received a refund of \$447,089 from The Prudential Insurance Company of America. The annuities commencement date is January 1, 2016. This contract and related obligations are excluded from the Plans' financial statements.

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

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

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

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 5, 2017, which is the date the financial statements were available to be issued. See Note 10 for additional information.

Note 3 - Unaudited Information

The Trustee holds the Plans' investments and executes all investment transactions. The investment balances and related income and losses included in the accompanying financial statements, including master trust information included in Note 5, are based solely on information certified by the Trustee.

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plans' 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, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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 present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2015 are summarized as follows:

Actuarial cost method	- Projected unit credit
Retirement age	- Various rates of retirement are assumed beginning at age 55. All participants assumed to retire by age 65.
Assumed rate of return	- 6.0 percent per annum
Mortality basis	- RP 2014 Mortality Table (male and female, healthy and disabled, employee and annuitant) projected from base year 2006 with MP 2016, and with collar adjustments (blue collar except for LNARP and former BCIPP benefits, which reflect 2/3 white collar and 1/3 blue collar)

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

For the year ended December 31, 2015, the net decrease in the actuarial present value of accumulated plan benefits related to the changes in the actuarial assumptions is due primarily to the change in the underlying mortality improvement table for the mortality basis from Scale MP 2015 to Scale MP 2016.

Note 5 - Master Trust Investments

The Plans' investments are in the Master Trust which was established for the investment of assets of the Plans and one other of the Company's sponsored benefit plans. Each participating retirement plan has an undivided interest in the Master Trust. The fair value of the Plans' interest in the Master Trust represents each plan's allocated portion. The assets of the Master Trust are held by The Northern Trust Company. Investment income and administrative expenses relating to the Master Trust are allocated to the individual Plans based upon average monthly balances invested by each plan.

At December 31, 2016 and 2015, the Plans' respective interests in the Master Trust were as follows:

Plan	2016	2015
LNARP	73.4%	71.9%
Steelworkers	7.6%	7.5%
Cement	2.8%	2.8%
Cement-Boilermakers	6.4%	6.7%
Multi-Plant	3.3%	3.3%
Presque Isle	3.8%	3.9%
Aggregates and Concrete	2.6%	2.7%

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

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 5 - Master Trust Investments (Continued)

The following tables present information about the Plans' assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

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

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

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

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

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Master Trust Balance at December 31,	
	2016	Level 1
Mutual funds	\$ 593,912,734	\$ 593,912,734
Money market fund	2,294,820	2,294,820
Total investments	596,207,554	\$ 596,207,554
Net Assets of Master Trust	\$ 596,207,554	

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 5 - Master Trust Investments (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Master Trust Balance at December 31, 2015	Level I
Mutual funds	\$ 586,995,745	\$ 586,995,745
Money market fund	628,112	628,112
Total investments	587,623,857	\$ 587,623,857
Net Assets of Master Trust	\$ 587,623,857	

Note 6 - Tax Status

The Plans have each received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code with the exception of the Steelworkers Plan. The Steelworkers Plan does not have a determination letter; however, the seven supplements that make up the plan (Great Lakes, Grove, Marblehead Stone, Newcem, Oswego, Ravena, and Whitehall) have all received determination letters. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 7 - Transfers

During 2016, various benefits were paid by defined benefit plans sponsored by the Company on behalf of other plans. Consequently, amounts were transferred between plans.

During 2015, the Steelworkers Plan had transfers in from the Multi-Plant Plan of \$670,966. Additionally, the Steelworkers Plan had transfers in of \$39,475,436 due to the merger of seven plans into the plan effective December 31, 2014.

During 2015, Cement Plan had transfers in of \$16,912,137 due to the merger of three plans into the plan effective December 31, 2014.

During 2015, the Multi-Plant Plan had transfers out to the Steelworkers Plan of \$670,966. Additionally, the Multi-Plant Plan had transfers in of \$21,850,762 due to the merger of a plan effective December 31, 2014.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 8 - Plan Termination

Although it has expressed no interest to do so, the Company has the right under each plan to terminate any of the Plans subject to the provisions set forth in ERISA. Should any of the Plans terminate at some future time, the plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 9 - Reconciliation to Form 5500

There were no reconciling items between the net assets available for benefits per the financial statements and per Form 5500 at December 31, 2016. The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 to Form 5500:

	LNARP	Steelworkers	Cement	Cement-Boilermakers	Multi-Plant	Presque Isle	Aggregates and Concrete
Net assets available for benefits per the financial statements	\$ 422,295,899	\$ 43,796,049	\$ 16,305,443	\$ 39,087,027	\$ 19,487,504	\$ 22,745,136	\$ 16,694,152
Contribution receivable at December 31, 2015	12,900,000	-	-	-	-	-	-
Other receivable at December 31, 2015	447,089	-	-	-	-	-	-
Transfer in receivable at December 31, 2015	-	428,780	-	-	592,713	-	-
Transfer out payable at December 31, 2015	(102,1493)	-	-	-	-	-	-
Administrative expense payable at December 31, 2015	(288,033)	(89,053)	(47,795)	(52,943)	(43,965)	(39,648)	(40,341)
Net assets available for benefits per Form 5500	\$ 434,333,462	\$ 44,135,776	\$ 16,257,648	\$ 39,034,084	\$ 20,036,252	\$ 22,705,488	\$ 16,653,851

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2016 to Form 5500:

	LNARP	Steelworkers	Cement	Cement-Boilermakers	Multi-Plant	Presque Isle	Aggregates and Concrete
Net increase (decrease) per the financial statements	\$ 15,284,181	\$ 1,443,341	\$ 173,646	\$ (688,882)	\$ 387,411	\$ 204,810	\$ (24,353)
Contribution receivable at December 31, 2015	(2,900,000)	-	-	-	-	-	-
Other receivable at December 31, 2015	(447,089)	-	-	-	-	-	-
Transfer in receivable at December 31, 2015	-	(428,780)	-	-	(592,713)	-	-
Transfer out payable at December 31, 2015	102,1493	-	-	-	-	-	-
Administrative expense payable at December 31, 2015	288,033	89,053	47,795	52,943	43,965	39,648	40,341
Net increase (decrease) per Form 5500	\$ 3,246,618	\$ 1,103,614	\$ 221,441	\$ (635,939)	\$ (16,137)	\$ 244,458	\$ 15,988

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2015 to Form 5500:

	LNARP	Steelworkers	Cement	Cement-Boilermakers	Multi-Plant	Presque Isle	Aggregates and Concrete
Net (decrease) increase per the financial statements	\$ (76,434,970)	\$ 35,398,592	\$ 14,757,882	\$ (4,371,536)	\$ 18,402,996	\$ (2,597,668)	\$ (195,475)
Contribution receivable at December 31, 2015	12,900,000	-	-	-	-	-	-
Contribution receivable at December 31, 2014	(5,100,000)	-	-	-	-	-	-
Other receivable at December 31, 2015	447,089	-	-	-	-	-	-
Transfer in receivable at December 31, 2015	-	428,780	-	-	592,713	-	-
Transfer in receivable at December 31, 2014	-	(39,475,436)	(16,912,137)	-	(22,006,667)	-	-
Transfer out payable at December 31, 2015	(102,1493)	-	-	-	-	-	-
Transfer out payable at December 31, 2014	15,905	-	-	-	-	-	-
Administrative expense payable at December 31, 2015	(288,033)	(89,053)	(47,795)	(52,943)	(43,965)	(39,648)	(40,341)
Administrative expense payable at December 31, 2014	420,867	-	10,937	73,895	-	36,356	39,206
Net decrease per Form 5500	\$ (68,920,635)	\$ (3,737,117)	\$ (2,041,115)	\$ (4,350,584)	\$ (3,054,923)	\$ (2,600,960)	\$ (195,892)

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Financial Statements December 31, 2016 and 2015

Note 10 - Subsequent Events

On September 28, 2017, an annuity contract was purchased for LNARP annuitants who had commenced their benefit on or prior to June 1, 2017 and whose monthly benefit is less than \$500.

Schedule of Active Participant Data											
Attained Age		Total Years of Credited Service									
		<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	0	2	1	0	0	0	0	0	0	0
25 to 29	Count	0	2	4	1	0	0	0	0	0	0
30 to 34	Count	0	2	4	5	0	0	0	0	0	0
35 to 39	Count	0	1	1	4	0	0	0	0	0	0
40 to 44	Count	0	1	2	2	0	0	0	0	0	0
45 to 49	Count	0	0	0	2	0	1	1	0	0	0
50 to 54	Count	0	1	0	0	0	12	1	1	0	0
55 to 59	Count	0	0	0	1	0	6	6	1	7	1
60 to 64	Count	0	0	0	0	0	5	1	0	1	3
65 to 69	Count	0	0	0	0	0	0	0	0	0	0
70 & up	Count	0	0	0	0	0	0	0	0	0	0
Average Age: 47.3						Average Service: 19.0					

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

▶ Applicable month

September 2015 based on yields
through August preceding the
valuation date

▶ Yield curve basis

Segment rates

Interest rates:

▶ First segment rate

Not reflecting
Corridors

Reflecting
Corridors

1.34%

4.43%

▶ Second segment rate

4.03%

5.91%

▶ Third segment rate

5.06%

6.65%

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC § 430.
Target normal cost	Present value of benefits expected to accrue during the year plus plan-related expenses expected to be paid from plan assets during the plan year as required IRC § 430.
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 6.50% for the preceding plan year and 7.25% for the second preceding plan year 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 2015 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>
Benefits not valued	<p>All significant benefits described in the Plan Provisions section of this report were valued except (1) plant shutdown and other “unpredictable contingent event benefits” which are not valued until and unless the triggering event occurs (unless otherwise noted). Based on discussions with the plan sponsor, such benefits are considered to have a de minimis likelihood of being paid and thus are not required to be valued, until and unless the triggering event occurs. (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. Such lump sums are not explicitly valued; rather such participants’ benefits are valued using the benefit choice assumptions. (3) Benefit changes taking effect in future plan years, so that they are not permitted by IRC § 430 and regulations thereunder to be recognized in the current valuation. (4) Benefit changes both adopted and effective in the current year after the valuation date, and the plan sponsor does not intend to make an IRC § 412(d)(2) election to reflect the benefit changes in the current valuation.</p> <p>In addition, LafargeHolcim has undertaken a process to certify all accrued benefit calculations for participants not currently in payment, and a mortality audit. The findings of the research including whether there may be increases or decreases to benefits owed versus the valuation data are not determined and will therefore be reflected in subsequent valuations. For other items, if applicable, see plan specific assumptions “Benefits not valued”. 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.</p>

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC § 430.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements, as required by IRC § 430.</p> <p>Assumed plan-related expenses added to the normal cost were updated to reflect recent experience and expected increases/decreases for the year.</p> <p>For other changes, if applicable, see plan specific assumptions “Change in assumptions since prior year.”</p>
Data sources	<p>Willis Towers Watson used asset data and retiree data supplied by the trustees. LafargeHolcim furnished other participant data, the dates and amounts of the contributions that were paid in 2016 for the 2015 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.</p>

Other

Plan investments	<p>During 2014, the investment targets for the plans sponsored by Lafarge North America Inc. changed from 60% equity and 40% long duration fixed income, to 48% equity, 40% long duration fixed income, and 12% return-seeking fixed income.</p>
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Assumptions Rationale - Significant Economic Assumptions

Discount rate	<p>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.</p>
Rates of increase in compensation	<p>Assumed increases are based on plan sponsor expectations.</p>
Plan-related expenses	<p>As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including for example, expected PBGC premiums and administrative fees to be paid from the trust)</p>
Assumed return for asset smoothing	<p>The assumed returns used for asset smoothing (prior to the limits described in IRS Notice 2009-22) is based on analysis of the plan sponsors’ investment policy at the beginning of each year.</p>

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

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.
Benefit commencement dates for deferred vested benefits	Deferred vested participant's assumed commencement age is based on an experience study conducted in 2010, and considers the early commencement features of the plan.
Unpredictable contingent event	Unpredictable contingent event assumptions are based on annual input from the plan sponsor about future expected experience.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in this Appendix, 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.
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Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033
Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Effective Interest Rate	6.01%
Annual rate of salary increase	3.00%

Demographic Assumptions

Mortality Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2023 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. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 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>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

Retirement Rates varying by age and service:

	<i>Service</i>		
<i>Age</i>	<i>15 – 29</i>	<i>30</i>	<i>31+</i>
48-54	0.0000	0.2500	0.0300
55-59	0.0000	0.2500	0.1500
60	0.0500	0.2500	0.1500
61	0.1500	0.2500	0.1500
62	0.2500	0.2500	0.2500
63-64	0.2500	0.2500	0.2500
65	1.0000	1.0000	1.0000

Deferred vested benefit commencement date Current inactive: earlier of unreduced retirement age (age 40 with at least 15 years of service, age 62 else age 65) or age 62; current active: earliest of age 62 with 10 years of credited service, 30 years of credited service or age 65 with 5 years of credited service.

Form of payment for future retirees 50% Life annuity
 35% Joint and 50% survivor annuity
 15% Joint and 75% survivor annuity

For current deferred vesteds, normal unmarried form

Percent married 75% of males; 75% of females

Spouse age Wife three years younger than husband

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Valuation pay	2015 hourly rate applied to 2,200 assumed hours where the 2015 hourly rate is the most recent base pay divided by 2,000. Assumed hours in excess of 2,000 hours are assumed subject to overtime at 1.5 times the 2015 hourly rate.
Administrative expense	\$375,000

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)		B Three-digit plan number (PN) ▶ 033
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAFARGE NORTH AMERICA INC.		D Employer Identification Number (EIN) 58-1290226
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value	2a	22,745,136	
b Actuarial value	2b	24,045,859	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	170	15,494,206	15,494,206
b For terminated vested participants	15	615,829	615,829
c For active participants	83	6,512,193	6,863,790
d Total	268	22,622,228	22,973,825
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.01%	
6 Target normal cost	6	761,608	

Statement by Enrolled Actuary

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

SIGN HERE	DAVID WEBBER 	OCTOBER 5, 2017
Signature of actuary		Date
DAVID WEBBER, FSA		1706137
Type or print name of actuary		Most recent enrollment number
TOWERS WATSON DELAWARE INC		703-258-8000
Firm name		Telephone number (including area code)
800 NORTH GLEBE ROAD		
ARLINGTON VA 22203		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2016
v. 160205**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	272,974
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	272,974
10 Interest on line 9 using prior year's actual return of <u>-2.98%</u>	0	-8,135
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>6.21%</u>		0
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.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	264,839

Part III Funding Percentages

14 Funding target attainment percentage.....	14	103.51%
15 Adjusted funding target attainment percentage.....	15	104.66%
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	105.46%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
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? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	761,608										
b Excess assets, if applicable, but not greater than line 31a	31b	761,608										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

**Lafarge North America Inc. Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN 58-1290226
PN 033**

Attachment to 2016 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 average participant entered the plan at age 28. The average participant age is 47 and the average participant service is 19. The number of employees expected to retire at each potential age is shown below. The average retirement age is 61.

The weighted average retirement age is computed as follows:

(A) <u>Age</u>	(B) Probability of Attaining <u>Age</u>	(C) Retirement <u>Rate</u>	(D) Percentage Retiring <u>at Each Age</u>	(A) * (D)
55	1.000	0.000	0.000	0.000
56	1.000	0.000	0.000	0.000
57	1.000	0.000	0.000	0.000
58	1.000	0.250	0.250	14.500
59	0.750	0.150	0.113	6.638
60	0.638	0.150	0.096	5.738
61	0.542	0.150	0.081	4.958
62	0.461	0.250	0.115	7.139
63	0.345	0.250	0.086	5.441
64	0.259	0.250	0.065	4.145
65	0.194	1.000	0.194	<u>12.630</u>

Average Retirement Age	61.189
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Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)
EIN 58-1290226/PN 033
Attachment to 2016 Schedule SB Part V – Summary of Plan Provisions

Effective Date	The original effective date of this plan was January 1, 1960.
Covered Employees	Employees of Presque Isle Corporation who are covered by the Settlement Agreement between the Employer and the Cement, Lime, Gypsum and Allied Workers Division International Brotherhood of Boilermakers, Local No. D-351, and who are first hired before January 1, 2015.
Participation Date	Date of attainment of age 21 and one year of continuous service.
Definitions	
Continuous service	All service as an eligible employee.
Earnings	A participant's compensation, excluding any payments made pursuant to the Employer's Employee Productivity and Efficiency Payment Plan or any similar plan or program.
Average monthly earnings	The highest average monthly earnings during a consecutive 60-month period, out of the 120 month period immediately prior to retirement.
Normal retirement date (NRD)	The first day of the month coinciding with or next following the attainment of age 65, with 5 years of continuous service.
Monthly pension benefit	<p>The monthly regular pension is the greater of (1) or (2).</p> <p>(1) 1.1% of average monthly earnings multiplied by continuous service up to 30, plus 1.2% of such earnings multiplied by continuous service in excess of 30, then increased by 5% ("percent pension");</p> <p>(2) The benefit unit determined by the following schedule multiplied by continuous service ("minimum pension").</p>

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)

EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Summary of Plan Provisions

<u>Retirement Multiplier</u>	<u>Effective Date</u>
\$32.50	10/16/2003
\$33.00	10/16/2004
\$34.50	10/16/2005
\$35.50	10/16/2006
\$36.50	10/16/2007
\$37.00	10/16/2008
\$42.00	10/16/2009
\$43.00	10/16/2010
\$44.00	10/16/2011
\$44.50	10/16/2012
\$46.00	10/16/2013
\$47.50	10/16/2014
\$48.00	10/16/2015
\$48.50	10/16/2016

Special payment In all cases of retirement except disability or deferred vested pensions, a special payment is made at retirement. The special payment is based on a participant's vacation pay entitlement, and is paid in a lump sum in lieu of the first three months of pension payments.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	The earlier of the first day of the month coincident with or next following the attainment of age 60 with 15 years of continuous service, or 30 years of continuous service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reason other than death or retirement after completing 5 years of continuous service.
Disability retirement	A participant with 15 years of continuous service who is prevented from performing services for the company by reason of total and permanent disability is eligible for disability retirement.

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)

EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Summary of Plan Provisions

70/80 retirement	A participant who has at least 15 years continuous service and (i) attained age 55, and the sum of his age and service is at least 70 or (ii) the sum of his age and service is at least 80, is eligible for a benefit if service is broken by plant shutdown or if he is laid off, or is prevented from performing services for the company by reason of total and permanent disability and the company declares re-employment is unlikely. 70/80 Retirement is not explicitly valued as there is no assumption regarding future layoff of plant shutdown incidence, and permanently disabled participants are assumed to receive disability benefits.
Rule-of-65 retirement	A participant with at least 20 years of continuous service, who has not attained age 55, and the sum of whose age and service is at least 65 (but less than 80) is eligible for a benefit if he is laid off or is prevented from performing services for the company by reason of total and permanent disability. Rule-of-65 retirement is not explicitly valued as there is no assumption regarding future layoff incidence, and permanently disabled participants are assumed to receive disability retirement benefits.
Surviving spouse's benefit	The spouse of a participant with at least 15 years of continuous service and who dies during active employment or who dies after retirement on other than a deferred vested pension is entitled to the surviving spouse's benefit. Death benefits are not paid to a spouse of a deferred vested participant who has not commenced benefits.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD						
Early retirement	Monthly pension benefit reduced as follows: <table><tr><th><u>Age at Retirement</u></th><th><u>Early Retirement Factor</u></th></tr><tr><td>60</td><td>83.82%</td></tr><tr><td>61</td><td>91.45%</td></tr></table>	<u>Age at Retirement</u>	<u>Early Retirement Factor</u>	60	83.82%	61	91.45%
<u>Age at Retirement</u>	<u>Early Retirement Factor</u>						
60	83.82%						
61	91.45%						
	However, the benefit is unreduced if the participant retires at age 62 with 15 years of continuous service or with 30 years of continuous service regardless of age.						
Postponed retirement	Monthly pension benefit determined as of actual retirement date						

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)

EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Summary of Plan Provisions

Vested termination The monthly benefit is equal to the accrued normal retirement benefit on the date of termination. If benefits begin before normal retirement, they will be actuarially reduced.

	Age 40 with 15 or more	
<u>Age at Retirement</u>	<u>Years of Service</u>	<u>5 Years of Service</u>
60	83.82%	63.10%
61	91.45%	68.85%
62	100.00%	75.28%
63	100.00%	82.53%
64	100.00%	90.72%

Disability retirement The monthly disability benefit, payable immediately, is equal to the accrued benefit as of the date of disability. A supplemental pension of \$400 per month is payable until age 62 or until employee becomes eligible for Social Security disability benefits, or until death (if earlier).

70/80 retirement The monthly benefit is equal to the accrued normal retirement benefit as of the date active employment ceases. A supplemental pension of \$400 per month is payable until age 62, or until death (if earlier). Payments begin immediately after the eligibility conditions for such benefits are satisfied.

Rule-of-65 retirement The monthly benefit is equal to the accrued normal retirement benefit as of the date active employment ceases. A supplemental pension of \$400 per month is payable until age 62, or until death (if earlier). Payments begin immediately after the eligibility conditions for such benefits are satisfied, unless long-term employment is obtained.

Surviving spouse's benefit The surviving spouse of an active participant with at least 15 years of continuous service will receive a monthly benefit equal to 50% of the accrued monthly retirement benefit that would have been payable to the participant at age 62. The surviving spouse of a participant already retired on other than a Deferred Vested Pension will receive 50% of the lifetime monthly pension that was payable to the participant.

The benefit payable after the surviving spouse attains age 60 is reduced by 50% of the widow's or widower's benefit that could have become payable under the Social Security Act or the Railroad Retirement Act. The minimum surviving spouse's benefit is \$140 per month before age 60 and \$90 per month thereafter.

Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)

EIN 58-1290226/PN 033

Attachment to 2016 Schedule SB Part V – Summary of Plan Provisions

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. Optional forms are:

- ▶ Joint and 100% Survivor Annuity
- ▶ Joint and 75% Survivor Annuity
- ▶ Joint and 50% Survivor Annuity with pop-up
- ▶ Joint and 100% Survivor Annuity with pop-up

Actuarial equivalence for optional form conversion other than lump sum:

- ▶ Participant mortality: UP 94
- ▶ Beneficiary mortality: UP 94
- ▶ Interest rate: 6.5%

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 and pay

All benefits and pay 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 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.

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