

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☒ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>LAFARGE NORTH AMERICA INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>05/01/1959</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.	10/09/2018	DENISE DEVEREAUX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor LAFARGE NORTH AMERICA INC. BENEFIT PLAN DESIGN COMMITTEE 8700 W BRYN MAWR AVE., STE 300 CHICAGO, IL 60631		3b Administrator's EIN 58-1290226
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number 773-372-1000
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN
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).		5 5130
a(1) Total number of active participants at the beginning of the plan year		6a(1) 697
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who 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 1I 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</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
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Part I	Basic Information
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1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>445465719</u>	
b Actuarial value	2b	<u>451803977</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>3020</u>	<u>402649982</u>	<u>402649982</u>
b For terminated vested participants	<u>1413</u>	<u>73931498</u>	<u>73931498</u>
c For active participants	<u>697</u>	<u>80479907</u>	<u>88341068</u>
d Total	<u>5130</u>	<u>557061387</u>	<u>564922548</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>5.91 %</u>	
6 Target normal cost	6	<u>4947000</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		
Signature of actuary	<u>09/17/2018</u>	Date
<u>DAVID H WEBBER</u>	<u>17-06137</u>	Most recent enrollment number
Type or print name of actuary	<u>703-258-8000</u>	Telephone number (including area code)
<u>TOWERS WATSON DELAWARE INC</u>		
Firm name		
<u>800 NORTH GLEBE ROAD</u> <u>ARLINGTON, VA 22203</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8000000
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	8000000
10 Interest on line 9 using prior year's actual return of <u>9.70</u> %	0	776000
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4698911
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>6.11</u> %		287103
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		4986014
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	5681219
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3094781

Part III Funding Percentages

14 Funding target attainment percentage	14	79.42%
15 Adjusted funding target attainment percentage	15	80.27%
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	80.46%
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
04/14/2017	3000000	0			
07/14/2017	3000000	0			
10/13/2017	3000000	0			
03/30/2018	900000	0			
Totals ▶			18(b)	9900000	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	9566029

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ 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	4947000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	116213352		7706816
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	12653816	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3094781	3094781
36 Additional cash requirement (line 34 minus line 35)	36	9559035	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9566029	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6994	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6994	
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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan LAFARGE NORTH AMERICA INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
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	1819334	Yes ☐ No ☒	Yes ☐ No ☐		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?
27 28 33 49 50 51 52	NONE KNOWN	531085	Yes ☒ No ☐	Yes ☒ No ☐	0	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	122889	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)

WARNER NORCROSS & JUDD LLP

38-1422647

(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?
29 50	NONE KNOWN	35952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

94-2856521

(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?
49 50	NONE KNOWN	10384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL PRINTING, INC.

54-1099321

(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?
36 50	NONE KNOWN	10074	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.	

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
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(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:	CHERRY BEKAERT LLP	b EIN:	56-0574444
c Position:	ACCOUNTANT		
d Address:	1934 OLD GALLOWS ROAD, SUITE 400 TYSONS CORNER, VA 22182	e Telephone:	703-506-4440

Explanation: COMPETITIVE BIDDING PROCESS

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan LAFARGE NORTH AMERICA INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LAFARGE NORTH AMERICA INC.				D Employer Identification Number (EIN) 58-1290226	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: LAFARGE NORTH AMERICA INC. MT					
b Name of sponsor of entity listed in (a): LAFARGE NORTH AMERICA INC.					
c EIN-PN 22-3481535-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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)	
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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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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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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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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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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)	
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	

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
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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>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor 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> 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>LAFARGE NORTH AMERICA INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</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		(a) Beginning of Year	(b) End of Year
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	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)	437580080	0
	(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	437580080 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	437580080 0

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	17000000
	(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)	17000000
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)		67436199
(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		84436199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	108221557	
(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)		108221557
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)	1978175	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	531085	
(4) Other	2i(4)	3343768	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5853028
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		114074585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-29638386
l Transfers of assets:			
(1) To this plan.....	2l(1)		716
(2) From this plan	2l(2)		407942410

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			

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

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)
HOLCIM (US) INC. PENSION PLAN	38-2943735	001

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 4086039. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan LAFARGE NORTH AMERICA INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 374
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 50.0% Investment-Grade Debt: 39.0% High-Yield Debt: 11.0% Real Estate: 0.0% Other: 0.0%

- 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):

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, 2017

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); and Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) (collectively, the "Plans"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended and the statements of accumulated plan benefits - modified cash basis as of December 31, 2016 and the statements of changes in accumulated plan benefits-modified cash basis for the year then ended, and the related notes to the modified cash basis 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 audits 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Northern Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plans' investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2017 and 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. Accordingly, we do not express an opinion on these financial statements.

To the Benefit Plan Design Committee
Lafarge North America Inc.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on the 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.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Toledo, Ohio
September 26, 2018

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2017

	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)	\$ -	\$ 49,104,738	\$ 17,184,877	\$ 40,702,901	\$ 20,546,554	\$ 24,395,159	\$ 16,238,141
Net Assets Available for Benefits	\$ -	\$ 49,104,738	\$ 17,184,877	\$ 40,702,901	\$ 20,546,554	\$ 24,395,159	\$ 16,238,141

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

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

Year Ended December 31, 2017

	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							
Employer contributions	\$ 17,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Investment income - Plan's interest in the Lafarge North America Inc. Master Retirement Trust							
investment income - Net of investment expenses (Note 5)	67,436,199	7,131,123	2,553,375	5,993,907	3,070,426	3,586,570	2,421,772
Total additions	84,436,199	7,131,123	2,553,375	5,993,907	3,070,426	3,586,570	2,421,772
Deductions from Net Assets							
Benefits paid directly to participants or beneficiaries	61,937,557	2,655,507	1,411,982	2,947,395	1,795,230	1,599,019	1,355,044
Purchase of annuity contract	46,284,000	-	-	-	-	-	-
Administrative expenses	5,853,028	609,552	432,497	741,756	603,557	542,338	498,426
Total deductions	114,074,585	3,265,059	1,844,479	3,689,151	2,398,787	2,141,357	1,853,470
Net (Decrease) Increase Before Other Changes	(29,638,386)	3,866,064	708,896	2,304,756	671,639	1,445,213	568,302
Transfers In (Note 7)	716	-	-	-	-	-	-
Transfers Out (Notes 4 and 7)	(407,942,410)	(716)	(3,108)	-	-	-	-
Net (Decrease) Increase	(437,580,080)	3,865,348	705,788	2,304,756	671,639	1,445,213	568,302
Net Assets Available for Benefits							
Beginning of year	437,580,080	45,239,390	16,479,089	38,398,145	19,874,915	22,949,946	15,669,839
End of year	\$ -	\$ 49,104,738	\$ 17,184,877	\$ 40,702,901	\$ 20,546,554	\$ 24,395,159	\$ 16,238,141

See notes to financial statements.

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							
Employer contributions	\$ 22,100,000	\$ -	\$ -	\$ -	\$ 150,000	\$ -	\$ -
Investment income - Plan's interest in the Lafarge North America Inc. Master Retirement Trust							
investment income - Net of investment expense (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	-	-	-	-	-	-
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	4,230,707	411,387	182,640	448,695	319,269	275,555	243,308
Total deductions	47,643,721	3,155,612	1,358,790	3,374,205	2,050,544	1,937,873	1,476,502
Transfers In (Note 7)	1,191,639	428,780	5,161	-	603,963	-	-
Transfers Out (Note 7)	(1,021,493)	(8,355)	(11,250)	(982,860)	(172,313)	-	(24,070)
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	422,295,899	43,796,049	16,305,443	39,087,027	19,487,504	22,745,136	15,694,192
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 Accumulated Plan 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)
Actuarial Present Value of Accumulated Plan Benefits							
Vested benefits:							
Participants currently receiving benefit payments	\$ 409,424,360	\$ 23,371,900	\$ 10,479,431	\$ 30,827,093	\$ 14,434,173	\$ 15,316,561	\$ 11,081,875
Participating employees	84,945,356	10,720,316	-	2,628,022	716,313	6,569,252	1,926,832
Participants with deferred benefits	80,745,411	4,484,098	2,790,895	4,485,215	6,263,092	314,367	2,100,448
Total vested benefits	575,115,127	38,576,314	13,270,326	37,940,330	21,413,578	22,200,180	15,109,155
Nonvested benefits	1,946,740	997,583	-	362,572	-	411,046	223,964
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 577,061,867	\$ 39,573,897	\$ 13,270,326	\$ 38,302,902	\$ 21,413,578	\$ 22,611,226	\$ 15,333,119

Lafarge North America Inc. Select Defined Benefit Plans

Statements of Changes in Accumulated Plan 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)
Actuarial Present Value of Accumulated Plan Benefits -							
Beginning of year	\$ 584,116,195	\$ 40,541,519	\$ 14,024,580	\$ 38,853,324	\$ 21,357,740	\$ 22,946,568	\$ 16,042,731
Increase (decrease) during the year attributable to:							
Benefits accumulated and noninvestment experience	4,236,448	(699,471)	(293,236)	359,671	669,703	119,528	(303,897)
Benefits payments	(43,413,014)	(2,744,225)	(1,176,150)	(2,925,510)	(1,731,275)	(1,662,318)	(1,233,194)
Increase due to decrease in the discount period	33,775,861	2,351,635	807,484	2,244,952	1,225,606	1,327,651	926,107
Plan amendments (Note 2)	-	314,964	-	-	-	30,406	-
Assumption changes (Note 2)	(1,653,623)	(190,525)	(92,352)	(229,535)	(108,196)	(150,609)	(98,628)
Net decrease	(7,054,328)	(967,622)	(754,254)	(550,422)	55,838	(335,342)	(709,612)
Actuarial Present Value of Accumulated Plan Benefits - End of year	\$ 577,061,867	\$ 39,573,897	\$ 13,270,326	\$ 38,302,902	\$ 21,413,578	\$ 22,611,226	\$ 15,333,119

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

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 Plans were 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. Effective December 31, 2017, the LNARP Plan was legally merged into the Holcim (US) Inc. Pension Plan. See Note 4 for additional information.

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 was frozen to stop the accrual of benefits for the Detroit, Sparrows Point, Oswego, and Whitehall employees.

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 amended on December 30, 2015 to:

1) Clarify applicability of the Cement-Boilermakers Plan as of the restatement effective date, January 1, 2015,

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

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).

Effective December 31, 2017, the Cement-Boilermakers Plan was frozen to stop future benefit accruals.

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 employees who meet specified service requirements of certain aggregates facilities located in Presque Isle, Michigan.

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.

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 amount 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, 2017 and 2016.

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.

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The Plans prepare 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. Accordingly, the financial statements are not intended to be in conformity with accounting principles generally accepted in the United States of America.

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, 2017 and 2016, 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.

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 service that employees have rendered. 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.

Actuarial Assumptions

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, 2016 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	6.00 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 2017, and with collar adjustments (blue collar except for LNARP and former BCIPP benefits, which reflect 2/3 white collar and 1/3 blue collar)

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (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, 2016, 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 2016 to Scale MP 2017.

Benefit Payments

Benefits are recorded when paid.

Annuity Purchase

In September 2017, the Plans purchased an annuity contract for \$46,284,000 through The Prudential Insurance Company of America (Prudential) to settle the benefit obligations of certain participants currently receiving benefits. The annuity contract covered annuitants who had commenced their benefits on or prior to June 1, 2017 and whose monthly benefit is less than \$500. Under the agreement, Prudential assumed the obligation to pay future pension benefits for the covered participants starting December 1, 2017. This contract purchase price is reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2017. The impact of the annuity purchase has not been reflected in the statement of accumulated plan benefits as of December 31, 2016 or the statement of changes in accumulated plan benefits for the year then ended. In March 2018, the Plan received a refund of \$360,981 from Prudential related to the annuity contract purchase.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with 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.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 26, 2018, which is the date the financial statements were available to be issued.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncement

In February 2017, FASB issued Accounting Standards Update (ASU) No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960)*. ASU No. 2017-06 amends the master trust disclosure to require additional disclosures related to the Plan's interest in the master trust. This ASU is effective for fiscal years beginning after December 15, 2018 and is required to be applied retrospectively for all comparative periods presented. Management does not believe the adoption of this ASU will have a significant impact on the Plans' financial statements.

Note 3 - Unaudited Information

The Trustee holds the Master Trust 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 - Plan Merger

On December 31, 2017, the Plans merged and combined with the Holcim (US) Inc. Pension Plan. Accordingly, all participants, assets, and related accumulated plan benefits of the Plans were transferred to the Holcim (US) Inc. Pension Plan in 2017. The asset transfer is reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2017. The impact of the accumulated plan benefit transfer has not been reflected in the statement of accumulated plan benefits as of December 31, 2016 or the statement of changes in accumulated plan benefits for the year then ended.

Note 5 - Interest in Master Trust

The Plans' investments are in the Master Trust, which was established for the investment of assets of the Plans and several 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, 2017 and 2016, the Plans' respective interests in the Master Trust were as follows:

	2017	2016
LNARP	- %	73.4 %
Steelworkers	8.5	7.6
Cement	3.0	2.8
Cement-Boilermakers	7.1	6.4
Multi-Plant	3.6	3.3
Presque Isle	4.2	3.8
Aggregates and Concrete	2.8	2.6

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 valuation techniques and inputs used to measure fair value.

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

Note 5 - Interest in Master Trust (Continued)

The following tables present information about the Plans' assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plans have 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.

In instances whereby inputs used to measure fair value fall into different levels of the 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.

		Master Trust Assets and Liabilities at December 31, 2017	
		Master Trust Balance	Level 1
Mutual funds		\$ 571,689,393	\$ 571,689,393
Money market fund		4,425,387	4,425,387
Total investments		<u>\$ 576,114,780</u>	<u>\$ 576,114,780</u>
		Master Trust Assets and Liabilities at December 31, 2016	
		Master Trust Balance	Level 1
Mutual funds		\$ 593,912,734	\$ 593,912,734
Money market fund		2,294,820	2,294,820
Total investments		<u>\$ 596,207,554</u>	<u>\$ 596,207,554</u>

The investment income for the Master Trust for the years ended December 31, 2017 is as follows:

	2017	2016
Net realized and unrealized gains and losses	\$ 74,074,121	\$ 37,068,176
Interest and dividends	18,119,251	17,794,751
Total	<u>\$ 92,193,372</u>	<u>\$ 54,862,927</u>

Lafarge North America Inc. Select Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2017 and 2016

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 (IRC) 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, Ravana, and Whitehall) have all received determination letters. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 7 - Transfers from Related Plans

In addition to the Plan merger discussed in Note 4, during 2017 and 2016 various benefits were paid by defined benefit plans sponsored by the Company on behalf of other plans. Consequently, amounts were transferred between plans.

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 of the Financial Statements 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, 2017 and 2016.

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

	2016						
	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	(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	1,021,493	-	-	-	-	-	-
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 the Form 5500	<u>\$ 3,246,618</u>	<u>\$ 1,103,614</u>	<u>\$ 221,441</u>	<u>\$ (635,939)</u>	<u>\$ (161,337)</u>	<u>\$ 244,458</u>	<u>\$ 15,988</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	2	7	0	0	0	0	0	0	0
30 - 34	0	1	25	11	1	1	0	0	0	0
35 - 39	0	0	28	35	10	0	0	0	0	0
40 - 44	0	2	17	38	27	7	1	0	0	0
45 - 49	0	3	26	32	34	19	4	0	0	0
50 - 54	0	2	19	39	28	13	33	1	0	0
55 - 59	0	1	8	25	29	24	37	4	7	0
60 - 64	0	0	8	20	20	12	23	0	2	1
65 - 69	0	0	1	1	6	1	0	0	1	0
70 & Over	0	0	0	0	0	0	0	0	0	0

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- ▶ Applicable month September 2016 based on yields
through August preceding the valuation
date
- ▶ Yield curve basis
Segment rates

Interest rates:	Not Reflecting Corridors	Reflecting Corridors
▶ First segment rate	1.52%	4.16%
▶ Second segment rate	3.80%	5.72%
▶ Third segment rate	4.79%	6.48%

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 6.50% 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 2016 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>

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Benefits not valued

All significant benefits described in the Plan Provisions were valued except: (1) Plant shutdown and other “unpredictable contingent event benefits” which are not valued until and unless the triggering event occurs (unless otherwise noted). 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 \$5,000. 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.

For other items, see “Benefits not valued” below.

Willis Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not.

Change in assumptions and methods since prior valuation

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.

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.

Assumed plan-related expenses added to the normal cost were updated to reflect recent experience and expected increases/decreases for the year.

Since the prior valuation, Willis Towers Watson’s valuation software has been modified in minor ways as part of the harmonization of our valuation systems, and such minor modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC Section 430 regulations), and the modifications were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

For other changes see “Change in assumptions since prior year.”

Additional information about the assumptions and methods used in the prior valuation can be found in that valuation’s Schedule SB.

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Sources of Data and Other Information

Data sources

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 2017 for the 2016 plan year, and funding balance elections. Willis Towers Watson referenced updates stemming from a data remediation project performed in 2016 through 2017. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with LafargeHolcim, assumptions were made for missing or apparently inconsistent data elements as documented in our data question deliverable sent June 16, 2017.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan investments

The investment targets are 48% equity, 40% long duration fixed income, and 12% return-seeking fixed income.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

For plan funding purposes, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

As required by IRC § 430, lump sum benefits are valued using "annuity substitution" so that the interest rates are effectively the same as described above for the discount rate.

Plan-related expenses

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).

Assumed return for asset smoothing

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.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality for Plan Funding Purposes

Assumptions used for plan funding purposes are as prescribed by IRC § 430(h).

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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 subsequent modifications to reflect changes in conditions that are expected to produce different results in the future for the Lafarge North America Inc. Retirement Plan due to recent plan changes, as well as 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	The percentage of retiring and terminating participants assumed to take lump sums in the Lafarge North America Inc. Retirement Plan is based on observed experience during the 2012 and 2014 lump sum windows. Other 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.

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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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Economic Assumptions

Effective Interest Rate 5.91%

Demographic Assumptions

Mortality Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA)

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

Age	Service					
	< 1	1	2	3	4	5+
20	0.2500	0.2000	0.1700	0.1500	0.1300	0.1500
25	0.2500	0.2000	0.1700	0.1500	0.1300	0.1410
30	0.2500	0.2000	0.1700	0.1500	0.1300	0.1320
35	0.2500	0.2000	0.1700	0.1500	0.1300	0.1205
40	0.2500	0.2000	0.1700	0.1500	0.1300	0.1090
45	0.2500	0.2000	0.1700	0.1500	0.1300	0.0995
50	0.2500	0.2000	0.1700	0.1500	0.1300	0.0900
55	0.2500	0.2000	0.1700	0.1500	0.1300	0.0180

Rates varying by age and service for hourly employees. Representative rates are shown below:

Age	Service					
	< 1	1	2	3	4	5+
20	0.3000	0.2700	0.2500	0.2000	0.1800	0.1800
25	0.3000	0.2700	0.2500	0.2000	0.1800	0.1710
30	0.3000	0.2700	0.2500	0.2000	0.1800	0.1620
35	0.3000	0.2700	0.2500	0.2000	0.1800	0.1505
40	0.3000	0.2700	0.2500	0.2000	0.1800	0.1390
45	0.3000	0.2700	0.2500	0.2000	0.1800	0.1295
50	0.3000	0.2700	0.2500	0.2000	0.1800	0.1200
55	0.3000	0.2700	0.2500	0.2000	0.1800	0.0480

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Disability

Rates varying by age and sex for salaried employees. Representative rates are shown below (a 10% load is added to the rates shown):

<i>Age</i>	<i>Sex</i>	
	<i>Male</i>	<i>Female</i>
20	0.00029	0.00030
25	0.00038	0.00047
30	0.00048	0.00080
35	0.00069	0.00136
40	0.00117	0.00211
45	0.00202	0.00323
50	0.00358	0.00533
55	0.00722	0.00952
60	0.01256	0.01159

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

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

Retirement

Rates varying by age and service for salaried employees

<i>Age</i>	<i>Years of Service</i>					
	<i>< 21</i>	<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>	<i>25 +</i>
55	0.0680	0.0680	0.0680	0.0680	0.0680	0.0680
56	0.0425	0.0425	0.0425	0.0425	0.0425	0.0425
57	0.0425	0.0425	0.0425	0.0425	0.0425	0.0425
58	0.0425	0.0425	0.0425	0.0425	0.0425	0.0425
59	0.0850	0.0850	0.0850	0.0850	0.0850	0.0850
60	0.0850	0.0850	0.0850	0.0850	0.0850	0.2125
61	0.1020	0.1020	0.1020	0.1020	0.2125	0.2125
62	0.2550	0.2550	0.2550	0.4250	0.4250	0.4250
63	0.1360	0.1360	0.3400	0.3400	0.3400	0.3400
64	0.1360	0.3400	0.3400	0.3400	0.3400	0.3400
65	0.3400	0.3400	0.3400	0.3400	0.3400	0.3400
66	0.3400	0.3400	0.3400	0.3400	0.3400	0.3400
67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

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Rates varying by age and service for hourly employees.

Years of Service

Age	< 21	21	22	23	24	25 +
55	0.0680	0.0680	0.0680	0.0680	0.0680	0.0680
56	0.0850	0.0850	0.0850	0.0850	0.0850	0.0850
57	0.0850	0.0850	0.0850	0.0850	0.0850	0.0850
58	0.1275	0.1275	0.1275	0.1275	0.1275	0.1275
59	0.1275	0.1275	0.1275	0.1275	0.1275	0.1275
60	0.1275	0.1275	0.1275	0.1275	0.1275	0.2125
61	0.0850	0.0850	0.0850	0.0850	0.2125	0.2125
62	0.2125	0.2125	0.2125	0.4250	0.4250	0.4250
63	0.1020	0.1020	0.3400	0.3400	0.3400	0.3400
64	0.1020	0.3400	0.3400	0.3400	0.3400	0.3400
65	0.3400	0.3400	0.3400	0.3400	0.3400	0.3400
66	0.3400	0.3400	0.3400	0.3400	0.3400	0.3400
67	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Deferred vested benefit
commencement date

Current inactive: earlier of unreduced retirement age or age 62

Current active: earlier of age 62 with 5 years of vesting service or age 65

Form of payment for future
retirees

12% Life annuity
10% 50% Joint and Survivor annuity
12% 100% Joint and Survivor annuity
6% Ten year certain and life annuity
60% Lump sum

For current deferred vesteds, normal unmarried form

Lump sums

Calculated using segment interest rates and 2017 IRC § 417(e)(3)
unisex mortality

Percent married

75% of males; 75% of females

Spouse age

Wife three years younger than husband

Valuation pay

N/A

Benefits not valued

No provision is made for any offsets due from a LafargeHolcim Canada pension plan because this data is not available.

Plan Name: Lafarge North America Inc. Retirement Plan
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 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Unpredictable contingent event assumptions 1% rate of active participants assumed to be terminated during 2017 through divestitures or restructuring, in addition to rates for 2017 for certain business units as noted below. Special early retirement benefits are applicable for those participants meeting eligibility rules. All retirement eligible participants are assumed to commence benefits immediately

<u>Business Unit</u>	<u>Rate for 2017</u>
Joppa	100%
Southfield	100%

Forms of payment for participants affected by special early retirement:

27%	Life annuity
22.5%	50% joint and survivor annuity
27%	100% joint and survivor annuity
13.5%	Ten year certain and life annuity
10%	Lump sum

Administrative expense \$4,947,000

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next eleven years) are assumed to elect the most valuable form of benefit under the plan.

Change in assumptions since prior year The unpredictable contingent event assumption was changed to reflect current expectations.

The lump sum mortality assumption was updated from the 2016 § 417(e) mortality table to the 2017 § 417(e) mortality table.

Plan Name: Lafarge North America Inc. Retirement Plan
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Plan Sponsor: Lafarge North America Inc.
Valuation Date: January 1, 2017

**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

2017**This Form is Open to Public
Inspection**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017▶ **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.

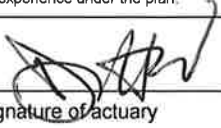
A Name of plan LAFARGE NORTH AMERICA INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAFARGE NORTH AMERICA INC.		D Employer Identification Number (EIN) 58-1290226	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior 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>2017</u>			
2 Assets:			
a Market value.....		2a	445,465,719
b Actuarial value.....		2b	451,803,977
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.....	3,020	402,649,982	402,649,982
b For terminated vested participants.....	1,413	73,931,498	73,931,498
c For active participants.....	697	80,479,907	88,341,068
d Total.....	5,130	557,061,387	564,922,548
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	5.91%	
6 Target normal cost.....	6	4,947,000	

Statement by Enrolled Actuary

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

SIGN HERE	David H Webber		SEPTEMBER 17, 2018
David H Webber		Date 1706137	
Type or print name of actuary		Most recent enrollment number 703-258-8000	
Towers Watson Delaware Inc.		Telephone number (including area code)	
Firm name			
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) 2017**

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	8,000,000
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	8,000,000
10 Interest on line 9 using prior year's actual return of <u>9.70%</u>	0	776,000
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,698,911
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>6.11%</u>		287,103
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		4,986,014
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	5,681,219
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,094,781

Part III Funding Percentages

14 Funding target attainment percentage	14	79.42%
15 Adjusted funding target attainment percentage	15	80.27%
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	80.46%
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
04/14/2017	3,000,000	0			
07/14/2017	3,000,000	0			
10/13/2017	3,000,000	0			
03/30/2018	900,000	0			
Totals ▶			18(b)	9,900,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 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 9,566,029

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ 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	4,947,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	116,213,352	7,706,816	
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	12,653,816	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,094,781	3,094,781
36 Additional cash requirement (line 34 minus line 35)	36	9,559,035	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9,566,029	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,994	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6,994	
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 SB ATTACHMENTS

Schedule SB, Line 15 Reconciliation of Differences between Valuation Results and Amounts Used to Calculate AFTAP

The following reconciles line 15 with the information on lines 2(b), 3(d)(3) and 13 of the 2017 Schedule SB.

The plan sponsor purchased an annuity during the 2015 plan year in the amount of \$29,038,052, settling benefit obligations for the affected participants.

The Adjusted Funding Target Attainment Percentage reported on line 15 of the 2017 Schedule SB is calculated by increasing both the net assets (reported on line 2b minus line 13) and liabilities (reported on line 3(d)(3)) by \$24,391,964, which is the aggregate amount of purchases of annuities for employees other than highly compensated employees which were made by the plan during the preceding two plan years.

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EIN / PN:	58-1290226 / 001
Plan Sponsor:	Lafarge North America Inc.
Valuation Date:	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age

Each Employee is assumed to retire in accordance with the table of retirement rates. The weighted average 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 32. The average participant age is 50. The number of employees expected to retire at each potential age is shown below. The weighted average retirement age is 61. The weighted average retirement age is computed as follows:

Salaried:

Total Number of Salaried Employees

685

(A) Age	(B) Probability of Attaining Age	(C) Retirement Rate	(D) Percentage Retiring at Each Age	(A) * (D)
55	1.000	0.0680	0.068	3.740
56	0.932	0.0425	0.040	2.218
57	0.892	0.0425	0.038	2.162
58	0.854	0.0425	0.036	2.106
59	0.818	0.0850	0.070	4.103
60	0.749	0.2125	0.159	9.545
61	0.590	0.2125	0.125	7.642
62	0.464	0.4250	0.197	12.233
63	0.267	0.3400	0.091	5.718
64	0.176	0.3400	0.060	3.834
65	0.116	0.3400	0.040	2.570
66	0.077	0.3400	0.026	1.722
67	0.051	1.0000	0.051	3.394

Weighted Average Retirement Age (Salaried)

60.986

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SCHEDULE SB ATTACHMENTS

Hourly:

Total Number of Hourly Employees

12

(A) Age	(B) Probability of Attaining Age	(C) Retirement Rate	(D) Percentage Retiring at Each Age	(A) * (D)
55	1.000	0.0680	0.068	3.740
56	0.932	0.0850	0.079	4.436
57	0.853	0.0850	0.072	4.132
58	0.780	0.1275	0.099	5.770
59	0.681	0.1275	0.087	5.121
60	0.594	0.2125	0.126	7.574
61	0.468	0.2125	0.099	6.064
62	0.368	0.4250	0.157	9.707
63	0.212	0.3400	0.072	4.537
64	0.140	0.3400	0.048	3.042
65	0.092	0.3400	0.031	2.039
66	0.061	0.3400	0.021	1.367
67	0.040	1.0000	0.040	2.693

Weighted Average Retirement Age (Hourly)

60.221

Weighted Average Retirement Age

60.973

Plan Name: Lafarge North America Inc. Retirement Plan
EIN / PN: 58-1290226 / 001
Plan Sponsor: Lafarge North America Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Lafarge North America Inc.
EIN/PN	58-1290226/001
Plan Name	Lafarge North America Inc. Retirement Plan
Valuation Date	January 1, 2017
Enrolled Actuary	David Webber
Enrollment Number	17-06137

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Lafarge North America Inc. Retirement Plan
EIN / PN:	58-1290226 / 001
Plan Sponsor:	Lafarge North America Inc.
Valuation Date:	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date	May 1, 1959
Sponsoring Employee	Lafarge North America Inc.
Covered Employees	<p>All salaried employees of Lafarge North America Inc. at the following locations:</p> <ul style="list-style-type: none">— The Corporate offices— U.S. Cement Region— Western Cement Region— Prior to May 13, 2002, the Pavers and Walls Division — Wixom of Lafarge North America Inc.— Aggregates, Concrete & Asphalt East and West— The Lafarge Gypsum Division <p>Mineral Solutions Inc. — All salaried and nonbargained, hourly employees</p> <p>Friday Harbor Sand & Gravel Co. — All salaried employees</p> <p>Prior to October 1, 1998, Anchor Water Company — All salaried employees</p> <p>Lafarge Canada Inc. — Those salaried employees who:</p> <ul style="list-style-type: none">— Transfer (or were transferred prior to July 1, 1994) to employment with Lafarge Canada Inc. directly from Lafarge North America Inc., and— Are (or were, with respect to transfers prior to July 1, 1994) employees of Lafarge North America Inc. at the time of such transfer <p>Prior to August 13, 2003, Lafarge Florida Inc. — All salaried employees</p> <p>Prior to July 1, 2003, Tews Company — All salaried employees</p> <p>Redland Quarries NY Inc. — All salaried and nonbargained, hourly employees</p> <p>Redland Genstar, Inc. — All salaried and nonbargained, hourly employees at the following locations: Branchville, Chase, Churchville, Frederick, Jessup, Landover, Marriotsville, Medford, Rockville, Rosedale, Texas, Towson, and Joppa (hired before August 1, 2008), Maryland Plant</p> <p>Lafarge West, Inc. — All salaried and nonbargained, hourly employees</p> <p>Lafarge Southwest, Inc. — All salaried and nonbargained, hourly employees</p> <p>Lafarge Dakota Inc. — All salaried employees</p> <p>Cement Transport, Ltd. — All salaried employees</p> <p>Lafarge Midwest, Inc. — All salaried employees</p>
Plan Name:	Lafarge North America Inc. Retirement Plan
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Presque Isle Corporation — All salaried employees

Whitestone Supply Company — All salaried employees

EO Stone Acquisition, Ltd — All salaried employees

Whitestone Supply Company of Lordstown— All salaried employees

Systech Environmental Corporation — All salaried and nonbargained, hourly employees

Tampa — all employees eligible to participate in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Tampa) as of December 31, 2006

Non-Bargaining Unit Sites — All employees eligible to participate in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Non-Bargaining Unit Sites) as of December 31, 2006.

Blue Circle Heritage — All employees eligible to participate in the Lafarge North America Inc. Retirement Plan for Blue Circle Heritage Employees as of December 31, 2008.

Covered employees exclude certain nonresident aliens, leased employees and members of a collective bargaining unit whose benefits are subject to good faith bargaining not covered under this plan.

Employees hired on or after January 1, 2009 do not participate in this plan.

Hourly employees at Cave-in Rock Illinois who became salaried employees as of August 1, 2012.

Hourly employees of Aggregates and Concrete of West US Chicago who became salaried employees as of September 1, 2012.

Participation Date

First day of the month following attainment of age 21

1,000 hours of service in the 12 month period following date of hire

If applicable, participation date as determined in the Lafarge North America Inc. Pension Plan for Hourly Compensation Employees (Tampa) and (Non-Bargaining Unit Sites) Plans and the Lafarge North America Inc. Retirement Plan for Blue Circle Heritage Employees.

Definitions

Vesting service

One year for each 1,000-hour calendar year of employment by Lafarge North America Inc. following attainment of age 18

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Credited service	<p>Credited service as defined as follows:</p> <p>Years and rounded months of service following attainment of age 21.</p> <p>Each participant who was both an active employee of Blue Circle North America Inc. ("BCNA") and a participant in the Blue Circle Inc. Pension Plan is entitled to service credit for periods of employment with BCNA prior to January 1, 2002 which are taken into account in determining the participant's credited service and eligibility service under the Blue Circle Inc. Pension Plan. A participant is not entitled to this service credit if he elects to receive a lump-sum distribution of his benefit under the Blue Circle Inc. Pension Plan.</p> <p>For purposes of determining the minimum accrued benefit as of December 31, 2001, Credited Service is defined as:</p> <ol style="list-style-type: none">Years and months of service before January 1, 1976 as a salaried employee (or an hourly employee transferring to salaried status) after age 30Years and months of service on or after January 1, 1976 and before January 1, 1985 and after age 25Years and months of service on or after January 1, 1985 and after age 21.
Earnings	<p>Compensation paid during a month to a covered employee, including overtime, commissions, annual performance bonuses and salary reductions for contributions under IRC Section 125 and 401(k) and excluding all other compensation. Compensation for a one-year period may not exceed \$200,000 (as adjusted for cost of living increases). For participant performing service at the Joppa, Illinois plan, earnings paid while represented by Local Union No 3907 of the United Mineworkers of America will be treated as earnings for the plan and included in final average earnings.</p>
Final average earnings	<p>The average of earnings for the 60 consecutive months out of the participant's last 120 months for which earnings is highest.</p>
Primary Social Security benefit	<p>The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continued employment with the plan sponsor to age 62.</p>
Normal retirement date (NRD)	<p>First day of the month coinciding with or next following the attainment age 65.</p>

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Monthly pension benefit	<p>(i) A participant who reaches normal retirement is entitled to a benefit which is the greatest of:</p> <p>1.33% of final average earnings for each year of credited service</p> <p>The amount the Employee would have received under the largest pension factor then in effect for retirements under Article 1 Section 1 of the Lafarge North America Inc. Pension Plan for Multi-Plant or under the Fredonia or Paulding Supplement to the Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers) counting all years of continuous service.</p> <p>Minimum accrued benefit as of December 31, 2001:</p> <p>The benefit defined above cannot be less than the life annuity actuarial equivalent of the December 31, 2001 accrued benefit calculated under the prior benefit formula.</p> <p>In general the benefit formula prior to January 1, 2002 is:</p> <p>1½% of final average earnings for each year of credited service (35 year maximum) less 1½% of the primary social security benefit for each year of credited service (33 1/3 year maximum)</p> <p>(ii) For participants of the Lafarge North America Inc. Pension Plan for Hourly Compensation Employees (Non-Bargaining Unit Sites) as of December 31, 2006, the monthly benefit is the sum of (a) \$15.50 multiplied by credited service to December 31, 2006 plus (b) the formula in (i) above but reflecting only post-2000 earnings and post-2000 credited service.</p> <p>(iii) For participants of the Lafarge North America Inc. Retirement Plan for Blue Circle Heritage Employees, the benefit payable under this plan will be reduced by the benefit payable under any offsetting plan. Offsetting plans are other defined benefit pension plans or retirement plans, including the Blue Circle Inc. Pension Plan, under which a benefit is determined, based on service with respect to which the participant is also entitled to credited service under this plan.</p> <p>Participants who elect to receive benefits from the Blue Circle Inc. Pension Plan in the form of a lump sum will not be entitled to receive credited service under this plan for periods of employment with Blue Circle prior to January 1, 2002.</p> <p>(iv) For Joppa participants who were participants in the North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant), the benefit payable under this plan is reduced by the benefit payable under the Multi-Plant plan.</p> <p>Effective June 30, 2015, future benefit accruals ceased (credited service and final average earnings were frozen as of June 30, 2015).</p>
Monthly preretirement death benefit	<p>50% of the monthly vested pension benefit as of the date of death, reduced for 50% joint and survivor election and reduced for payment as early as the participant's earliest retirement date.</p>

Plan Name:	Lafarge North America Inc. Retirement Plan
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Plan Sponsor:	Lafarge North America Inc.
Valuation Date:	January 1, 2017

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	First day of month coinciding with or following his 55th birthday. For participants who begin service on or after January 1, 2002, the completion of at least 5 years of vesting service is also required.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing 5 years of vesting service. Participants employed on the closing date specified in the 2011 Vulcan Exchange, 2011 Martin Marietta Materials (MMM) Exchange, 2011 Argos Purchase Agreements, 2012 Eagle Purchase Agreement, and various divestitures in 2013 including the Gypsum business are 100% vested.
Disability	<p>Covered by Employer's LTD Plan: A participant who is unable to obtain gainful employment by reason of physical or mental disability, and if such disability continues for at least six months and the participant is eligible for company long-term disability benefits, will be eligible for plan disability benefits.</p> <p>Not covered by Employer's LTD Plan: A participant who incurs a disability that entitles him to Social Security disability benefits will be eligible for plan disability benefits commencing after any short-term disability benefits and/or workers compensation benefits have expired.</p>
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Special early retirement	<p>In connection with the disposition or closing of a facility or the restructuring of operations, employees meeting the following criteria:</p> <ul style="list-style-type: none">▶ Age 50 with 5 years of credited service, and▶ Age plus credited service is at least 65, and▶ If hired on or after January 1, 2002, 5 years of active participation

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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit reduced by the early retirement factors in the table below (further extrapolated by months). Benefits are unreduced for participants who satisfy the Rule of 85 (attainment of age 60 and age plus credited service total 85 or more). For participants who attained age 45 or greater as of January 1, 1998, and were participants in the prior plan, benefits are unreduced if 30 or more years of credited service are completed.

Early Retirement Reduction Factors

<u>Age at Which Benefit Commences</u>	<u>Early Retirement Factor</u>
64	1.00
63	1.00
62	.94
61	.88
60	.82
59	.76
58	.70
57	.64
56	.58
55	.52

Postponed retirement	Greater of the monthly pension benefit based on average earnings and service at the actual retirement date or the monthly pension benefit at the actual retirement date that is actuarially equivalent to the benefit calculated at normal retirement date.
Vested termination	Monthly pension benefit is equal to the accrued normal retirement benefit as of the date of termination. If the benefit starts before normal retirement date, the benefit will be reduced using early retirement benefit reduction factors.
Disablement	<p>For covered employees:</p> <p>Covered by LTD Plan: Monthly pension benefit based on credited service the participant would have earned had he worked until normal retirement age and earnings rate received immediately prior to disablement. Benefits may be paid before normal retirement subject to early retirement reductions.</p> <p>Not Covered by LTD Plan: Monthly pension benefit based on credited service the participant would have earned had he continued employment during the period eligible to receive Social Security disability benefits and earnings rate received immediately prior to disablement. The participant may elect immediate unreduced benefits payable as a life annuity.</p>
Preretirement death	Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.

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Special early retirement

Immediate commencement of unreduced monthly pension benefit equal to the accrued normal retirement benefit.

Generally available to all participants age 50 with 65 points (age + service) in connection with the disposition or closing of a facility or the restructuring of operations. Under special early retirement, participants are eligible for the immediate commencement of an unreduced retirement.

A special lump sum option was available for special early retirements from March 1, 2012 to January 1, 2013: the lump sum benefit is equal to the excess of the actuarial present value of the special early retirement pension over the actuarial present value of the early retirement pension or deferred vested pension, if not early retirement eligible. The amount of the lump sum payment could not exceed the lesser of (a) 50% of the present value of the special early pension or (b) the present value of the maximum allowable benefit guaranteed by the PBGC for 2012. The residual pension was equal to the special early pension multiplied by one minus a fraction where the numerator was the lump sum payment made and denominator was the actuarial present value of the special early retirement pension.

Employees terminating prior to April 1, 2011 were also eligible for a pre-62 Social Security Supplement equal to the estimated Primary Social Security Benefit as in effect at early retirement date that would be payable at age 62 taking into account compensation before that date.

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Other Plan Provisions

Forms of payment

Monthly pension benefits are paid as a life annuity (if the participant is unmarried), an actuarially equivalent 50% joint and survivor annuity (if the participant is married), or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are:

- ▶ 75% joint and survivor annuity (married participants only)
- ▶ 100% joint and survivor annuity (married participants only)
- ▶ Life annuity
- ▶ Five year certain and life annuity
- ▶ Ten year certain and life annuity
- ▶ Fifteen year certain and life annuity
- ▶ Lump sum if the present value of the total benefit exceeds \$5,000 (effective January 1, 2016) but does not exceed \$7,500
- ▶ Lump sum (for participants who complete an hour of service on or after April 1, 2014) which must be elected within a limited period following termination of employment, unless the lump sum does not exceed \$7,500
- ▶ Certain participants who terminated prior to April 1, 2014 were eligible to elect a lump sum for a limited period during 2014, with the lump sum payable effective September or November 2014. A similar lump sum program was offered during 2012 for certain terminated participants
- ▶ Partial lump sum for special early retirements from March 1, 2012 to January 1, 2013
- ▶ Certain terminated participants were eligible to elect a lump sum for a limited period during 2017, with the lump sum payable effective November 2017. For participants in the former Blue Circle Inc. Pension Plan who have not commenced those benefits by January 1, 2017, the lump sum is calculated assuming the participant would have elected the form of payment for their Blue Circle Inc. Pension Plan benefits that would result in the largest lump sum in this plan

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

- ▶ Participant mortality: UP 1994 blended 80% males; 20% females
- ▶ Beneficiary mortality: UP 1994 blended 20% males; 80% females
- ▶ Interest rate: 6.00%

Lump sums are calculated using IRC § 417(e) assumptions and reflect the present value of the normal retirement benefit.

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.

Participants who participated in the plan prior to January 1, 2002, or who are receiving benefits as a result of a transfer of liabilities and assets into the plan, may have other benefit payment options and definitions of actuarial equivalence applicable to all or part of their 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

Special early retirements occurring before the valuation date are reflected in the data collected for the actuarial valuation. Special early retirements after the valuation data are reflected in subsequent valuations, although some level of activity may be reflected in unpredictable contingent event assumptions. The plan did experience special early retirements during 2016 and 2017.

In September 2017, LafargeHolcim purchased an annuity from an insurer for \$45,926,294 (reflecting final premium adjustments), settling obligations for 1,021 retirees. The average monthly benefit for affected retirees was \$342. This transaction is not reflected in the 2017 valuation.

LafargeHolcim has amended the plan during 2017 to offer a lump sum opportunity to certain former employees with vested benefits, with a payment date of November 2017. For participants in the former Blue Circle Inc. Pension Plan who have not commenced those benefits by January 1, 2017, the lump sum is calculated assuming the participant would have elected the form of payment for their Blue Circle Inc. Pension Plan benefits that would result in the largest lump sum in this plan. This window is reflected in the 2017 valuation.

Effective December 31, 2017, the plan merged into the Holcim (US) Inc. Pension Plan. The lookback month for IRC § 417(e) forms of payment was changed from November to August, effective December 31, 2017. The November rates are still in effect for a one-year period to set a minimum lump sum. Effective January 1, 2018, the merged plan was changed to the LafargeHolcim US Pension Plan and the plan sponsor changed to Holcim Participations (US) Inc.

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

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Schedule SB, Line 32 Schedule of Amortization Bases

Type of Base		Date Established	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	7	6,065,137	995,968
2	Shortfall	01/01/2016	6	22,582,213	4,202,546
3	Shortfall	01/01/2015	5	(7,335,507)	(1,589,062)
4	Shortfall	01/01/2014	4	(16,424,949)	(4,360,579)
5	Shortfall	01/01/2013	3	8,297,990	2,879,467
6	Shortfall	01/01/2012	2	(31,612,436)	(16,128,300)
7	Shortfall	01/01/2011	7.8854806	59,738,630	8,930,084
8	Shortfall	01/01/2009	6.6826779	74,902,274	12,776,692
Total				116,213,352	7,706,816

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Schedule SB, Line 25 Change in Method

Since the prior valuation, Willis Towers Watson's valuation software has been modified in minor ways as part of the harmonization of our valuation systems, and such minor modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC Section 430 regulations), and the modifications were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The unpredictable contingent event assumption was changed to reflect current expectations.

The lump sum mortality assumption was updated from the 2016 § 417(e) mortality table to the 2017 § 417(e) mortality table.

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