Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAFARGE NORTH AMERICA INC. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

1b Three-digit plan number (PN) ▶ 019

1c Effective date of plan 01/01/1950

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)

LAFARGE NORTH AMERICA INC.

8700 W BRYN MAWR AVE., STE 300
CHICAGO, IL 60631

2b Employer Identification Number (EIN)
58-1290226

2c Plan Sponsor's telephone number
773-372-1000

2d Business code (see instructions)
327300

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

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

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

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	666
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	91
a(2) Total number of active participants at the end of the plan year	**6a(2)**	80
b Retired or separated participants receiving benefits	**6b**	340
c Other retired or separated participants entitled to future benefits	**6c**	164
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	584
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	59
f Total. Add lines **6d** and **6e**.	**6f**	643
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**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 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)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	38398145
b Actuarial value	**2b**	38889563

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	401	31474935	31474935
b For terminated vested participants	174	4347415	4347415
c For active participants	91	2661306	3049723
d Total	666	38483656	38872073

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**	5.88 %
6 Target normal cost	**6**	662504

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 — Date: 09/21/2018

DAVID H WEBBER — Type or print name of actuary

17-06137 — Most recent enrollment number

TOWERS WATSON DELAWARE INC. — Firm name

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

800 NORTH GLEBE ROAD
ARLINGTON, VA 22203

Address of the firm

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

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)	97	652239
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)	97	652239
10	Interest on line 9 using prior year's actual return of 9.92 %	10	64702
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.07%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	107	716941

Part III Funding Percentages

14	Funding target attainment percentage	14	98.20%
15	Adjusted funding target attainment percentage	15	100.04%
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	103.20%
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
04/13/2018	275000	0			
07/13/2018	200000	0			
09/14/2018	200000				
			Totals ► 18(b)	675000	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	620240

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	662504
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	699558	114876
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**	777380

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	107	716941	717048

36 Additional cash requirement (line 34 minus line 35)	**36**	60332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	620240
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	559908
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	559908
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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	285634	Yes [ ] No [X]	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	117676	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(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	23662	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	10688	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: 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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-3481535-001	M	40702901

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	38398145	40702901
(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	38398145	40702901
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	38398145	40702901

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5993907
(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		5993907
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2947395	
(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)		2947395
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)	319985	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	117676	
(4) Other	2i(4)	304095	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		741756
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3689151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2304756
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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 4088023. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

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** 1

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**

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): _____

---

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Contents

Independent Auditor's Report	1-2
Statements of Net Assets Available for Benefits - Modified Cash Basis	3-4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis	5-6
Statements of Accumulated Plan Benefits - Modified Cash Basis	7
Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis	8
Notes to Modified Cash Basis Financial Statements	9-15

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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.

Praxity MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

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 & Moran, 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**

See notes to financial statements.

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**

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, 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	**$ 437,580,080**	**$ 45,239,390**	**$ 16,479,089**	**$ 38,398,145**	**$ 19,874,915**	**$ 22,949,946**	**$ 15,669,839**

See notes to financial statements.

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**

See notes to financial statements.

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**

See notes to financial statements.

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,

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.

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)

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.

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.

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	$ 576,114,780	$ 576,114,780

	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	$ 596,207,554	$ 596,207,554

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	$ 92,193,372	$ 54,862,927

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

Note 7 - Transfers 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	$ 3,246,618	$ 1,103,614	$ 221,441	$ (635,939)	$ (161,337)	$ 244,458	$ 15,988

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	1	7	0	0	0	0	0	0	0	0
25 - 29	2	4	0	0	0	0	0	0	0	0
30 - 34	0	7	4	1	0	0	0	0	0	0
35 - 39	0	7	4	2	3	0	0	0	0	0
40 - 44	0	6	3	1	0	0	0	0	0	0
45 - 49	0	1	1	3	2	3	0	0	0	0
50 - 54	0	3	0	1	6	1	2	1	0	0
55 - 59	0	0	0	1	3	1	2	0	2	0
60 - 64	0	0	1	0	3	1	0	1	0	0
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	0	0	0	0	0

Plan Name: Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)
EIN / PN: 58-1290226 / 019
Plan Sponsor: Lafarge North America Inc.
Valuation Date: January 1, 2017

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	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). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All significant benefits described in the Plan Provisions were valued except: (1) Plant shutdown and other “unpredictable contingent event benefits”

SCHEDULE SB ATTACHMENTS

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

SCHEDULE SB ATTACHMENTS

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.
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.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality for Plan Funding Purposes	Assumptions used for plan funding purposes are as prescribed by IRC § 430(h).
Disabled Mortality for Plan Funding Purposes	Assumptions used for plan funding purposes are as prescribed by IRC § 430(h).
Retirement	Retirement rates were based on an experience study conducted in 2010, 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	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.

SCHEDULE SB ATTACHMENTS

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.

SCHEDULE SB ATTACHMENTS

Economic Assumptions

Effective Interest Rate 5.88%

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. Representative rates are shown below:

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

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

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

SCHEDULE SB ATTACHMENTS

Retirement	Rates varying by age and service:

	Years of Service		
Age	*< 30*	*30*	*31 +*
45-54	0.0000	0.2500	0.0300
55	0.0300	0.2500	0.1500
56-60	0.0500	0.2500	0.1500
61	0.1500	0.2500	0.1500
62-64	0.1500	0.2500	0.2500
65	1.0000	1.0000	1.0000

Deferred vested benefit commencement date	Current inactives: earlier of unreduced retirement age or age 62; current actives: earliest of age 62 with 10 years of credited service, 30 years of credited service or age 65 with 5 years of credited service
Form of payment for future retirees	50% Life annuity 35% Joint and 50% survivor annuity 15% Joint and 75% survivor annuity For current deferred vesteds, normal unmarried form
Percent married	75% of males; 75% of females
Spouse age	Wife three years younger than husband
Administrative expense	$590,000
Unpredictable contingent event assumption	None

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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	B Three-digit plan number (PN) ▶	
LAFARGE NORTH AMERICA INC. HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)		019
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
LAFARGE NORTH AMERICA INC.	58-1290226	

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	2a	38,398,145
b Actuarial value	2b	38,889,563

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	401	31,474,935	31,474,935
b For terminated vested participants	174	4,347,415	4,347,415
c For active participants	91	2,661,306	3,049,723
d Total	666	38,483,656	38,872,073

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	5.88%
6 Target normal cost	6	662,504

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

Signature of actuary

SEP 21 2018

Date

David H Webber

Type or print name of actuary

1706137

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

703-258-8000

Telephone number (including area code)

800 North Glebe Road

Arlington VA 22203

Address of the firm

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

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)	97	652,239
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)	97	652,239
10	Interest on line 9 using prior year's actual return of 9.92%	10	64,702
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.07%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	107	716,941

Part III Funding Percentages

14	Funding target attainment percentage	14	98.20%
15	Adjusted funding target attainment percentage	15	100.04%
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	103.20%
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
04/13/2018	275,000	0			
07/13/2018	200,000	0			
09/14/2018	200,000				
			Totals ► 18(b)	675,000	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	620,240

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.16 %	5.72 %	6.48%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	662,504
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	699,558	114,876
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**	777,380

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	107	716,941	717,048

36 Additional cash requirement (line 34 minus line 35)	**36**	60,332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	620,240
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	559,908
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	559,908
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 22
Description of Weighted Average Retirement Age

See Appendix A for retirement rates. Each Employee is assumed to retire in accordance with the table of retirement rates. The average weighted retirement age is derived by applying these rates to an employee with the characteristics at plan entry of an average current plan participant. The average participant entered the plan at age 32. The average participant age is 42. The number of employees expected to retire at each potential age is shown below. The average retirement age is 62.

(A) Age	(B) Probability of Attaining Age	(C) Retirement Rate	(D) Percentage Retiring at Each Age	(A) * (D)
55	1.000	0.030	0.030	1.650
56	0.970	0.050	0.049	2.716
57	0.922	0.050	0.046	2.626
58	0.875	0.050	0.044	2.539
59	0.832	0.050	0.042	2.453
60	0.790	0.050	0.040	2.370
61	0.751	0.150	0.113	6.868
62	0.638	0.250	0.159	9.889
63	0.478	0.250	0.120	7.536
64	0.359	0.250	0.090	5.742
65	0.269	1.000	0.269	17.495

Average Retirement Age	**61.884**

Plan Name: Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)
EIN / PN: 58-1290226 / 019
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	58-1290226/019
Plan Name	Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)
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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date

The effective date of this combined plan was January 1, 2010. For effective dates of predecessor plans, refer to the plan document.

Covered Employees

All hourly compensated Employees who are (i) represented by the Cement, Lime, Gypsum and Allied Workers Division of the Union, (ii) members of the Bargaining Units set out below and (iii) covered by a Collective Bargaining Agreement with such Bargaining Unit and/or the Union that provides for coverage under this Plan:

1. Local Lodge No. D-75 at the Fredonia, Kansas plant (closed March 31, 2012)
2. Local Lodge No. D-375 at the Paulding, Ohio plant
3. Local Lodge No. D-421 at the Tulsa, Oklahoma plant (divested November 30, 2012)
4. Local Lodge No. D-27 at the Sugar Creek, Missouri plant (divested November 30, 2012)
5. Local Lodge at the Davenport, Iowa plant
6. Local Lodge No. D-37 at the Seattle, Washington plant (closed to employees hired on or after January 1, 2016)
7. Local Lodge No. D-37 at the Vancouver, Washington plant
8. Local Lodge at the Waukegan, Illinois terminal

Participation Date

Immediate entry

Definitions

Eligibility service as of effective date	Eligibility service is counted for each calendar year in which an employee works at least 1,000 hours.
Credited service as of effective date	One year of credited service will be earned for each calendar year of employment in which an employee works at least 1,200 hours. Partial years of credited service are earned when less than 1,200 hours are worked.
Normal retirement date (NRD)	The first day of the month coinciding with or next following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

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

Multiplier	Effective Date
$30.00	11/1/2003
$32.00	11/1/2004
$34.00	11/1/2005
$36.00	11/1/2006
$37.00	11/1/2007
$38.00	11/1/2008
$39.00	11/1/2010
$39.50	11/1/2011
$40.00	11/1/2012
$41.00	11/1/2013
$42.00	11/1/2014
$43.50	11/1/2015
$45.00	11/1/2016

The accrued benefit for an employer at the Fredonia location is computed by multiplying the retirement multiplier below by credited service.

The Fredonia location was closed March 31, 2012.

Multiplier	Effective Date
$28.00	5/1/2003
$29.00	5/1/2004
$30.00	5/1/2005
$31.00	5/1/2006
$32.00	5/1/2007
$33.00	5/1/2008
$34.00	5/1/2009
$35.50	5/1/2010
$37.00	5/1/2011

SCHEDULE SB ATTACHMENTS

The accrued benefit for an employer at the Paulding location is computed by multiplying the retirement multiplier below by credited service:

Multiplier	Effective Date
$30.00	12/16/2002
$32.00	12/16/2004
$33.50	12/16/2005
$34.50	12/16/2006
$36.00	12/16/2007
$37.50	1/1/2010
$38.50	12/16/2010
$39.50	12/16/2011
$40.00	12/16/2012
$40.50	12/16/2013
$41.00	12/16/2014
$41.50	12/16/2015

Paulding accrued benefits will be frozen effective February 7, 2017.

The accrued benefit for an employer at the Seattle Plant is computed by multiplying the retirement multiplier below by credited service:

Multiplier	Effective Date
$28.00	5/1/2003
$29.00	5/1/2004
$30.00	5/1/2005
$31.00	5/1/2006
$32.00	5/1/2007
$33.00	5/1/2008
$34.00	5/1/2009
$34.50	5/1/2010
$35.00	5/1/2011
$35.50	5/1/2012
$36.50	5/1/2013
$37.50	5/1/2014
$39.00	5/1/2015
$42.00	5/1/2017

Accrued benefits will be frozen effective February 15, 2016 for Seattle participants hired on or after August 1, 2015 and effective December 31, 2017 for other Seattle participants.

SCHEDULE SB ATTACHMENTS

The accrued benefit for an employer at Sugar Creek is computed by multiplying the retirement multiplier below by credited service.

The Sugar Creek location was divested effective November 30, 2012.

Multiplier	Effective Date
$27.00	5/1/2000
$28.00	5/1/2005
$30.00	5/12006
$32.00	5/1/2007
$33.00	4/30/2008
$34.00	4/30/2009
$35.00	4/30/2010
$38.00	4/30/2011
$40.00	5/1/2012

The accrued benefit for an employer at the Tulsa location is computed by multiplying the retirement multiplier below by credited service.

The Tulsa location was divested effective November 30, 2012.

Multiplier	Effective Date
$27.00	5/1/2003
$28.00	5/1/2005
$29.00	5/1/2006
$30.00	5/1/2007
$32.00	5/1/2008
$33.00	5/1/2011
$35.50	5/1/2012

The accrued benefit for an employer at the Vancouver Plant is computed by multiplying the retirement multiplier below by credited service:

Multiplier	Effective Date
$29.50	11/1/2003
$30.00	5/1/2004
$31.00	11/1/2005
$32.00	11/1/2006
$33.00	11/1/2007
$34.00	11/1/2008
$34.50	1/1/2010
$35.00	11/1/2010
$35.50	11/1/2011
$36.00	11/1/2012

SCHEDULE SB ATTACHMENTS

The accrued benefit for an employer at the Waukegan location is computed by multiplying the retirement multiplier below by credited service:

Multiplier	Effective Date
$24.00	1/15/2003
$25.00	1/15/2004
$27.00	1/15/2005
$29.00	1/15/2006
$30.00	1/15/2007
$31.00	1/14/2008
$32.00	1/14/2009
$33.00	1/14/2010
$34.00	1/15/2011
$36.00	1/16/2012

Monthly preretirement death benefit	66 2/3% of the accrued monthly pension benefit as of the date of death, reduced for 66 2/3% joint and survivor election and reduced for payment as early as the participant's earliest retirement date.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	The earlier of the first day of the month coinciding with or next following the attainment of age 55, with 10 years of credited service, or the completion of 30 years of credited service regardless of age.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reason other than death or retirement after completing 5 years of eligibility service. All participants employed as of December 10, 2010 at the Seattle Plant, those at the Tulsa and Sugar Creek plans affected by the Eagle Purchase Agreement, and those at Davenport affected by the July 20, 2015 divestiture were made 100% vested in their plan benefits.
Disability retirement	A participant with at least 10 years of eligibility service who is unable to obtain gainful employment by reason of total and permanent disability is eligible for disability.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Shutdown benefits	In general, a participant who has at least 10 years credited service and the sum of his age and eligibility service is at least 65 is eligible for a benefit if service is broken by plant shutdown or if he is laid off and the company declares re-employment is unlikely. Not applicable to employees at Seattle and Vancouver plants.
Permanent Plant Closing benefits	In general, a participant who is at least 55 with 25 years of credited service. Applicable only to Fredonia and Tulsa locations.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit reduced .3% for each month that actual retirement date precedes NRD, however benefits are unreduced after 30 years of eligibility service.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit is equal to the accrued normal retirement benefit as of the date of termination. If the benefit starts before normal retirement date, the benefit will be reduced using early retirement benefit reduction factors.
Disability retirement	The monthly disability benefit, payable immediately, is equal to the accrued benefit on the date of disability plus $1 per month increase in the multiplier except as follows: ► Waukegan prior to January 15, 2007 is equal to the accrued benefit ► Sugar Creek from April 30, 2008 through December 31, 2009 is based on a $33.00 multiplier. However, this benefit will not be less than $550.00 for Davenport; $450.00 for Fredonia; $450.00 for Paulding; $475.00 for Seattle; $450.00 for Sugar Creek; $450.00 for Vancouver; or $300.00 for Waukegan. Tulsa has no minimum disability benefit. For Seattle and Vancouver participants who were in the employ of Holnam, Inc. on October 15, 1998, service with Holnam is reflecting as credited service for permanent disability purposes.
Preretirement death	Monthly preretirement death benefits on behalf of both active and terminated vested employees are reduced as described above.
Plant shutdown	The monthly benefit is equal to the accrued normal retirement benefits as of the date active employment ceases. Payments begin immediately after the eligibility conditions for such benefits are satisfied.
Plant closing benefit	Immediate commencement of a pre-62 Social Security supplement equal to the estimated Primary Social Security Benefit as in effect at early retirement date that would have been payable at age 62 taking into account compensation before that date.

SCHEDULE SB ATTACHMENTS

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:

- Joint and 66 2/3% survivor annuity (married participants only)
- Joint and 75% survivor annuity (married participants only)
- Joint and 100% survivor annuity (married participants only)
- Life annuity
- 10-year certain and continuous annuity
- Lump sum if the present value of the total benefit is greater than $5,000 (effective January 1, 2016) and not over $7,500
- Certain participants were eligible to elect a lump sum for a limited period during 2014, with the lump sum paid effective November 2014.

Lump sums are calculated using IRC § 417(e) assumptions.

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.

Actuarial equivalence for optional annuity form conversion for groups other than Waukegan:

- Participant mortality RP-2000 (static, no collar, male with a one-year setback)
- Beneficiary mortality RP-2000 (static, no collar, female)
- Interest rate: 6.50%

Actuarial equivalence for optional annuity form conversion for Waukegan:

- UP84 unisex mortality
- Interest rate: 9.00%

Maximum on benefits

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

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions Since Prior Year Valuation and Other Events

With the plan restatement adopted January 30, 2017, the Paulding location benefits were frozen effective February 7, 2017. This plan change is reflected in the valuation.

Effective January 1, 2018 the plan was renamed the LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers) and the plan sponsor became Holcim Participations (US) Inc.

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

SCHEDULE SB ATTACHMENTS

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	699,558	114,876
Total				699,558	114,876

Plan Name: Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)
EIN / PN: 58-1290226 / 019
Plan Sponsor: Lafarge North America Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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.