

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☒	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)</u>		1b Three-digit plan number (PN) ▶	<u>033</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOLCIM PARTICIPATIONS (US) INC.</u> <u>6211 ANN ARBOR ROAD</u> <u>DUNDEE, MI 48131</u>		1c Effective date of plan <u>01/01/1960</u> 2b Employer Identification Number (EIN) <u>54-1527022</u> 2c Plan Sponsor's telephone number <u>734-529-2411</u> 2d Business code (see instructions) <u>327300</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2019	SANDRA FINK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT PLAN DESIGN COMMITTEE C/O HOLCIM (US) INC. 6211 ANN ARBOR ROAD DUNDEE, MI 48131	3b Administrator's EIN 54-1527022 3c Administrator's telephone number 734-529-2411
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 LAFARGE NORTH AMERICA INC. c Plan Name LAFARGE NORTH AMERICA INC. PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)	4b EIN 58-1290226 4d PN 033
5 Total number of participants at the beginning of the plan year	5 265
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) 78
a(2) Total number of active participants at the end of the plan year	6a(2) 64
b Retired or separated participants receiving benefits.....	6b 128
c Other retired or separated participants entitled to future benefits	6c 25
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 40
f Total. Add lines 6d and 6e.....	6f 257
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 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

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

b General Schedules

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

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ 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 LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)	B Three-digit plan number (PN) ▶ 033
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOLCIM PARTICIPATIONS (US) INC.	D Employer Identification Number (EIN) 54-1527022

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information
---------------	--------------------------

1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value.....	2a	25646897	
b Actuarial value	2b	24032798	
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	166	15530559	15530559
b For terminated vested participants	21	450201	450201
c For active participants	78	7723255	8102067
d Total	265	23704015	24082827
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	5.64 %	
6 Target normal cost	6	507648	

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

SIGN HERE		
Signature of actuary	10/07/2019	Date
AL-KARIM ALIDINA	17-06110	Most recent enrollment number
AON CONSULTING, INC.	202-223-0673	Telephone number (including area code)
2001 K STREET NW SUITE 625 NORTH WASHINGTON, DC 20006		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	290873
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	290873
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.86</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		626311
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83</u> %		19556
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		46120
c Total available at beginning of current plan year to add to prefunding balance		691987
d Portion of (c) to be added to prefunding balance		691987
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	691987

Part III Funding Percentages

14 Funding target attainment percentage	14	96.91%
15 Adjusted funding target attainment percentage	15	96.91%
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	99.17%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	507648	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	742016	124832	
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	632480	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	632480	632480
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)	B Three-digit plan number (PN) ▶	033
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.	D Employer Identification Number (EIN) 54-1527022	

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)..... ☒ 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
--

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

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

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

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

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

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

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

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

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

(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)

WILLIS TOWERS WATSON US LLC

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	126744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 33 49 50 51 52	NONE KNOWN	40007	Yes ☒ No ☐	Yes ☒ 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	19991	Yes ☐ No ☒	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)

PLANTE & MORAN PLLC

38-1357951

(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?
10 50	NONE KNOWN	16612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE KNOWN	6176	Yes ☒ No ☐	Yes ☒ 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 ☐

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:	DAVID H. WEBBER	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	TOWERS WATSON DELAWARE INC. 800 NORTH GLEBE ROAD ARLINGTON, VA 22203	e Telephone:	703-258-8000

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:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)		B Three-digit plan number (PN) ► 033
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.		D Employer Identification Number (EIN) 54-1527022

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)	24395159	21839274
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	24395159	21839274

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24395159	21839274
---	-----------	----------	----------

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)	1280000	
(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)		1280000
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)		-1806532
(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		-526532

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1669466	
(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)		1669466
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)	169524	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	44077	
(4) Other	2i(4)	146286	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		359887
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2029353

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2555885
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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 417112. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)		B Three-digit plan number (PN) ► 033
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.		D Employer Identification Number (EIN) 54-1527022
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

Holcim Participations (US) Inc. Defined Benefit Plans

LafargeHolcim US Pension Plan
LafargeHolcim US Hourly Pension Plan (Steelworkers)
LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated
Employees (Cement)
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)
LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Aggregates and Concrete)

Modified Cash Basis Financial Report
December 31, 2018

Holcim Participations (US) Inc. 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	9-17
Schedule of Assets Held at End of Year - Modified Cash Basis - LafargeHolcim US Pension Plan	18
Schedule of Reportable Transactions - Modified Cash Basis - LafargeHolcim US Pension Plan	19
Schedule of Nonexempt Transactions - Modified Cash Basis - LafargeHolcim US Pension Plan	20

Independent Auditor's Report

To the Benefit Plan Design Committee
Holcim Participations (US) Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of LafargeHolcim US Pension Plan (formerly known as Holcim (US) Inc. Pension Plan); LafargeHolcim US Hourly Pension Plan (Steelworkers) (formerly known as Lafarge North America Inc. Hourly Pension Plan (Steelworkers)); LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement) (formerly known as Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)); LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers) (formerly known as Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers)); LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant) (formerly known as Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant)); LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle) (formerly known as Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle)); and LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) (formerly known as 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, 2018 and 2017 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, 2017 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 Fidelity Management Trust Company and The Northern Trust Company (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plans' investment assets and execute related transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2018 and 2017 that the information provided to the plan administrator is complete and accurate.

To the Benefit Plan Design Committee
Holcim Participations (US) Inc.

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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules 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.

Other Matter

The modified cash basis supplemental schedules of assets held at end of year - LafargeHolcim US Pension Plan as of December 31, 2018 and reportable transactions - LafargeHolcim US Pension Plan and nonexempt transactions - LafargeHolcim US Pension Plan for the year ended December 31, 2018 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Moreau, PLLC

Toledo, Ohio
September 27, 2019

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2018

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement- Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)	Total (Unaudited - Memorandum Only)
Assets								
Investments - At fair value: (Note 5)								
Plan's interest in the Lafarge North America Inc. Master Retirement Trust:								
Mutual funds	\$ 331,657,711	\$ 41,816,496	\$ 14,567,787	\$ 34,683,014	\$ 18,106,588	\$ 21,625,031	\$ 13,525,051	\$ 475,981,678
Common collective trust funds	3,285,789	414,283	144,326	343,611	179,385	214,243	133,995	4,715,632
Plan's total interest in the Lafarge North America Inc. Master Retirement Trust	334,943,500	42,230,779	14,712,113	35,026,625	18,285,973	21,839,274	13,659,046	480,697,310
Money market fund	3,982,245	-	-	-	-	-	-	3,982,245
Common collective trust funds	194,746,604	-	-	-	-	-	-	194,746,604
Total investments - At fair value	533,672,349	42,230,779	14,712,113	35,026,625	18,285,973	21,839,274	13,659,046	679,426,159
Investments at contract value	105,464	-	-	-	-	-	-	105,464
Net Assets Available for Benefits	\$ 533,777,813	\$ 42,230,779	\$ 14,712,113	\$ 35,026,625	\$ 18,285,973	\$ 21,839,274	\$ 13,659,046	\$ 679,531,623

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2017

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement- Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)	Total (Unaudited - Memorandum Only)
Assets								
Investments - At fair value: (Note 5)								
Plan's interest in the Lafarge North America Inc. Master Retirement Trust:								
Mutual funds	\$ 404,808,828	\$ 48,727,543	\$ 17,052,873	\$ 40,390,244	\$ 20,388,727	\$ 24,207,769	\$ 16,113,409	\$ 571,689,393
Common collective trust funds	3,133,582	377,195	132,004	312,657	157,827	187,390	124,732	4,425,387
Plan's total interest in the Lafarge North America Inc. Master Retirement Trust	407,942,410	49,104,738	17,184,877	40,702,901	20,546,554	24,395,159	16,238,141	576,114,780
Money market fund	4,009,894	-	-	-	-	-	-	4,009,894
Common collective trust funds	226,194,401	-	-	-	-	-	-	226,194,401
Total investments - At fair value	638,146,705	49,104,738	17,184,877	40,702,901	20,546,554	24,395,159	16,238,141	806,319,075
Investments at contract value	113,357	-	-	-	-	-	-	113,357
Net Assets Available for Benefits	\$ 638,260,062	\$ 49,104,738	\$ 17,184,877	\$ 40,702,901	\$ 20,546,554	\$ 24,395,159	\$ 16,238,141	\$ 806,432,432

Holcim Participations (US) Inc. Defined Benefit Plans

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

Year Ended December 31, 2018

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement- Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi- Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Additions							
Employer contributions	\$ 900,000	\$ -	\$ -	\$ 675,000	\$ 1,170,000	\$ 1,280,000	\$ 160,000
Investment income (loss): (Note 5)							
Interest and dividends	58,558	-	-	-	-	-	-
Plan's interest in the Lafarge North America Inc. Master Retirement Trust investment loss - Net of investment expenses	(27,917,471)	(3,502,189)	(1,216,229)	(2,906,555)	(1,508,444)	(1,806,532)	(1,136,128)
Net realized and unrealized losses on investments	(9,995,603)	-	-	-	-	-	-
Other income	1,164,853	-	-	-	-	-	-
Total net additions	(35,789,663)	(3,502,189)	(1,216,229)	(2,231,555)	(338,444)	(526,532)	(976,128)
Deductions							
Benefits paid directly to participants or beneficiaries	61,797,837	3,005,833	1,046,902	2,883,317	1,648,904	1,669,466	1,298,736
Administrative expenses	6,894,749	365,937	209,633	561,404	273,233	359,887	304,231
Total deductions	68,692,586	3,371,770	1,256,535	3,444,721	1,922,137	2,029,353	1,602,967
Net Decrease	(104,482,249)	(6,873,959)	(2,472,764)	(5,676,276)	(2,260,581)	(2,555,885)	(2,579,095)
Net Assets Available for Benefits							
Beginning of year	638,260,062	49,104,738	17,184,877	40,702,901	20,546,554	24,395,159	16,238,141
End of year	<u>\$ 533,777,813</u>	<u>\$ 42,230,779</u>	<u>\$ 14,712,113</u>	<u>\$ 35,026,625</u>	<u>\$ 18,285,973</u>	<u>\$ 21,839,274</u>	<u>\$ 13,659,046</u>

Holcim Participations (US) Inc. Defined Benefit Plans

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

Year Ended December 31, 2017

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Additions							
Investment income: (Note 5)							
Interest and dividends	\$ 30,535	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Plan's interest in the Lafarge North America Inc. Master Retirement Trust investment loss - Net of investment expenses	-	7,131,123	2,553,375	5,993,907	3,070,426	3,586,570	2,421,772
Net realized and unrealized gains on investments	32,985,060	-	-	-	-	-	-
Total additions	33,015,595	7,131,123	2,553,375	5,993,907	3,070,426	3,586,570	2,421,772
Deductions							
Benefits paid directly to participants or beneficiaries	27,314,917	2,655,507	1,411,982	2,947,395	1,795,230	1,599,019	1,355,044
Purchase of annuity contract (Note 2)	38,956,499	-	-	-	-	-	-
Administrative expenses	1,605,631	609,552	432,497	741,756	603,557	542,338	498,426
Total deductions	67,877,047	3,265,059	1,844,479	3,689,151	2,398,787	2,141,357	1,853,470
Net (Decrease) Increase before Other Changes	(34,861,452)	3,866,064	708,896	2,304,756	671,639	1,445,213	568,302
Transfers In (Out) (Note 4)	407,942,410	(716)	(3,108)	-	-	-	-
Net Increase	373,080,958	3,865,348	705,788	2,304,756	671,639	1,445,213	568,302
Net Assets Available for Benefits							
Beginning of year	265,179,104	45,239,390	16,479,089	38,398,145	19,874,915	22,949,946	15,669,839
End of year	\$ 638,260,062	\$ 49,104,738	\$ 17,184,877	\$ 40,702,901	\$ 20,546,554	\$ 24,395,159	\$ 16,238,141

See notes to modified cash basis financial statements.

Holcim Participations (US) Inc. Defined Benefit Plans

Modified Cash Basis Statements of Accumulated Plan Benefits - Modified Cash Basis

December 31, 2017

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Actuarial Present Value of Accumulated Plan Benefits							
Vested benefits:							
Participants currently receiving benefit payments	\$ 444,742,985	\$ 23,804,065	\$ 9,818,144	\$ 30,573,604	\$ 14,258,826	\$ 14,930,974	\$ 12,119,208
Participating employees	164,274,394	9,912,302	-	2,886,378	746,593	7,389,999	969,702
Participants with deferred benefits	95,585,928	5,120,615	2,583,124	4,533,933	4,230,316	440,388	1,835,101
Total vested benefits	704,603,307	38,836,982	12,401,268	37,993,915	19,235,735	22,761,361	14,924,011
Nonvested benefits	914,388	746,738	-	309,897	123,071	368,806	181,361
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 705,517,695	\$ 39,583,720	\$ 12,401,268	\$ 38,303,812	\$ 19,358,806	\$ 23,130,167	\$ 15,105,372

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis

Year Ended December 31, 2017

	LafargeHolcim US Pension Plan	LafargeHolcim US Hourly Pension Plan (Steelworkers)	LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)	LafargeHolcim US Hourly Pension Plan (Cement- Boilermakers)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)	LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete)
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 232,657,412	\$ 39,573,897	\$ 13,270,326	\$ 38,302,902	\$ 21,413,578	\$ 22,611,226	\$ 15,333,119
Increase (decrease) during the year attributable to:							
Benefits accumulated and other	21,217,432	2,814,122	542,924	2,980,176	(115,057)	2,075,040	1,156,984
Benefits payments	(27,314,917)	(2,655,507)	(1,411,982)	(2,947,395)	(1,795,230)	(1,599,019)	(1,355,044)
Annuity purchase	(38,956,499)	-	-	-	-	-	-
Assumption changes (Note 2)	5,546,935	(280,858)	-	(80,352)	(144,485)	42,920	(52,256)
Merger and other (Note 4)	512,367,332	132,066	-	48,481	-	-	22,569
Net increase (decrease)	472,860,283	9,823	(869,058)	910	(2,054,772)	518,941	(227,747)
Actuarial Present Value of Accumulated Plan Benefits - End of year	\$ 705,517,695	\$ 39,583,720	\$ 12,401,268	\$ 38,303,812	\$ 19,358,806	\$ 23,130,167	\$ 15,105,372

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description

The descriptions of the following plans provide only general information. Participants should refer to the Plans' legal documents for a more complete description of each of the Plans' provisions.

- LafargeHolcim US Pension Plan (the "LHUSPP Plan") (formerly known as Holcim (US) Inc. Pension Plan)
- LafargeHolcim US Hourly Pension Plan (Steelworkers) (the "Steelworkers Plan") (formerly known as Lafarge North America Inc. Hourly Pension Plan (Steelworkers))
- LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement) (the "Cement Plan") (formerly known as Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement))
- LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers) (the "Cement-Boilermakers Plan") (formerly known as Lafarge North America Inc. Hourly Pension Plan (Cement-Boilermakers))
- LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant) (the "Multi-Plant Plan") (formerly known as Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant))
- LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle) (the "Presque Isle Plan") (formerly known as Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Presque Isle))
- LafargeHolcim US Pension Plan for Hourly Compensated Employees (Aggregates and Concrete) (the "Aggregates and Concrete Plan") (formerly known as Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Aggregates and Concrete))

General

During 2018, the Plans were amended to change the plan sponsor from Lafarge North America Inc. to Holcim Participations (US) Inc. (the "Company"), an entity related through common ownership. The change in the plan sponsor had no effect on the Plans. All the Plans are noncontributory defined benefit plans and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The LHUSPP Plan covers substantially all United States salaried, union, and nonunion hourly employees of Holcim (US) Inc.; hourly employees included in the collective bargaining agreement between Holcim (US) Inc. as successor to St. Lawrence Cement Co., LLC and the Local 2-00033 of the Paper, Allied Industrial Chemical and Energy Workers International (PACE) District Counsel No. 1; and hourly employees included in the collective bargaining agreement between Holcim (US) Inc. as successor to St. Lawrence Cement Co., LLC and the Cement, Lime, Gypsum, and Allied Division of the International Brotherhood of Boilermakers Local Lodge D 50, Catskill, New York. Effective December 31, 2015, the LHUSPP Plan was frozen to prohibit new entrants and to stop all future benefit accruals.

Effective December 31, 2017, the Lafarge North America Inc. Retirement Plan (the "LNARP Plan") was merged into the LHUSPP Plan. See Note 4 for additional information. The benefits of the LNARP Plan will continue to be subject to the provisions of the LNARP Plan, which have been incorporated into the LHUSPP Plan. The LNARP Plan provides for pension and disability benefits, covering salaried and certain hourly employees of Lafarge North America Inc. 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.

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description (Continued)

The Steelworkers Plan was established on December 31, 2014. The Steelworkers Plan consists of a basic plan document and several supplements relating to certain locations and/or unions. The Steelworkers Plan provides for pension and disability benefits to hourly compensated employees who meet specific service and age requirements of the Company's facilities located at Ravana, New York (Ravana Supplement); Oswego, New York (Oswego Supplement); Detroit, Michigan (Great Lakes Supplement); Marblehead, Ohio (Marblehead Stone Supplement); Whitehall, Pennsylvania (Whitehall Supplement); Sparrows Point, Maryland (Newcem Supplement); and Grove, Kentucky (Grove Supplement) and are covered by certain collective bargaining agreements. Effective December 31, 2014, the Steelworkers Plan was frozen to prohibit new entrants of the Oswego Supplement and Ravana Supplement. Effective August 1, 2015, the Steelworkers Plan was frozen to prohibit new entrants of the Great Lakes Supplement and the Marblehead Stone Supplement. Effective January 1, 2016, the Steelworkers Plan was frozen to prohibit new entrants of the Grove Supplement, Whitehall Supplement, and Newcem Supplement. Effective December 31, 2017, the Steelworkers Plan was frozen to stop the accrual of benefits for Great Lakes Supplement, Grove Supplement, Newcem Supplement, Oswego Supplement, and Whitehall Supplement employees. The Steelworkers Plan was frozen to stop the accrual of benefits for Marblehead Stone Supplement and Ravana Supplement employees effective February 28, 2018 and December 31, 2018, respectively.

The Blue Circle Inc. Pension Plan for Cement Union Hourly Employees (Cement-Union) was established on May 1, 1981. On January 1, 2002, all employees transferred employment to the Company. At that time the Cement Plan was established in order to provide a comparable benefit as the Cement-Union Plan. The Cement Plan 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. Due to the sale of locations and merged plans, as of December 31, 2014, there are no participants accruing benefits in the Cement Plan.

The Cement-Boilermakers Plan was adopted by the Company on May 23, 1983. The Cement-Boilermakers Plan 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
- 2) Fully vest those employees who terminated employment in the Davenport Purchase Agreement effective April 16, 2015
- 3) Freeze the plan for new entrants from the Seattle location effective January 1, 2016, increase the Seattle multipliers, and freeze accrued benefits effective December 31, 2017 for Seattle employees (effective February 15, 2016 for employees hired on or after August 1, 2015)

The Cement-Boilermakers Plan was frozen to stop future benefit accruals effective February 7, 2017 for Paulding employees and effective December 31, 2017 for Seattle employees.

The Multi-Plant Plan was established on May 1, 1963. The Multi-Plant Plan 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 (BCIPP). The accrual of benefits was frozen for participants at various dates, with all accruals being frozen by December 31, 2017.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description (Continued)

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 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. Effective April 8, 2018, the Presque Isle Plan was frozen to stop the accrual of benefits.

The Aggregates and Concrete Plan was established by the Company on June 1, 1952. The Aggregates and Concrete Plan provides for pension and disability benefits to certain hourly compensated employees covered by various collective bargaining agreements. The accrual of benefits was frozen for participants at various dates depending on location, with all accruals of benefits being frozen by October 1, 2017.

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 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, 2018 and 2017.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company, The Northern Trust Company, and Aetna Life Insurance Company, the trustees and custodian 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.

Memorandum-Only Totals (Unaudited)

The memorandum-only total column in the statements of net assets available for benefits represents solely a total of the individual plans. This column is unaudited and is provided for information only.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment in Master Trust

The Plans' investments are held in the Lafarge North America Inc. Master Retirement Trust, herein referred to as the "Master Trust," which was established for the investment of assets of the Plans. During the years ended December 31, 2018 and 2017, 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. 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, 2017 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Retirement age	Various rates of retirement are assumed beginning at age 55. All participants are assumed to retire by age 65.
Assumed rate of return	5.75 percent per annum for LHUSPP, 6.00 percent per annum for all other plans
Mortality basis	RP-2014 Mortality Table (male and female, healthy and disabled, employee and annuitant) projected from base year 2006 with MP-2018, and with collar adjustments (blue collar except for former LNARP and former BCIPP benefits, which reflect 2/3 white collar and 1/3 blue collar)

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.

Benefit Payments

Benefits are recorded when paid.

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Annuity Purchase

In September 2017, the LHUSPP Plan purchased an annuity contract for \$38,956,499 through The Prudential Insurance Company of America (Prudential) to settle the benefit obligations of certain participants currently receiving benefits. 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. In March 2018, the LHUSPP Plan received a refund of \$798,371 from Prudential related to the annuity contract purchase.

Additionally, in March 2018, the LHUSPP Plan received a refund of \$360,981 from Prudential related to the annuity contract purchased by the LNARP Plan in 2017, prior to the LNARP Plan's merger into the LHUSPP Plan. The refunds have been included in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2018.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

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

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 27, 2019, which is the date the financial statements were available to be issued.

New Accounting Pronouncement

During 2018, the Plans adopted Accounting Standards Update (ASU) No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - Employee Benefit Plan Master Trust Reporting*. As a result of the adoption of ASU No. 2017-06, additional disclosures related to the Plans' interest in the underlying investments of the Master Trust have been made within the statements of net assets available for benefits. This standard was adopted retrospectively and had no impact on the Plans' net assets or changes in net assets.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 3 - Unaudited Information

The Northern Trust Company holds the Master Trust investments and executes all related investment transactions. The Master Trust investment balances and related income and losses included in the accompanying financial statements, including Master Trust information, are based solely on information certified by the Trustee.

Fidelity Management Trust Company holds the assets of the LHUSPP Plan that are outside of the Master Trust, other than the unallocated contract, and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions, other than the Master Trust investments and the unallocated contract, are based solely on information certified by Fidelity Management Trust Company.

The LHUSPP Plan's investments in the unallocated contract totaling \$105,464 and \$113,357 at December 31, 2018 and 2017, respectively, and related investment income of \$5,875 and \$6,153 for the years ended December 31, 2018 and 2017, respectively, were not certified by Fidelity Management Trust Company or The Northern Trust Company.

Note 4 - Plan Merger

On December 31, 2017, the LNARP Plan merged and combined with the LHUSPP Plan. Accordingly, assets of \$407,942,410 were transferred to the LHUSPP Plan on December 31, 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. Additionally, accumulated plan benefits of \$512,367,332 were transferred to the LHUSPP Plan and are reflected in the statement of changes in accumulated plan benefits.

Note 5 - Investments

With the exception of certain of the LHUSPP Plan investments, the Plans' investments are in the Master Trust, which was established for the investment of assets of the Plans and one other of the Company's sponsored benefit plans. The LHUSPP Plan has investments in the Master Trust and outside of the Master Trust. Each participating benefit 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. 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, 2018 and 2017, the Plans' respective interests in the Master Trust were as follows:

	2018	2017
LHUSPP	69.7 %	70.8 %
Steelworkers	8.8	8.5
Cement	3.1	3.0
Cement-Boilermakers	7.3	7.1
Multi-Plant	3.8	3.6
Presque Isle	4.5	4.2
Aggregates and Concrete	2.8	2.8

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.

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.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Investments (Continued)

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.

Mutual Funds

Mutual funds are valued at quoted prices reported in active markets.

Money Market Fund

The money market fund is valued at quoted prices reported in active markets.

Common Collective Trust Fund

The common collective trust funds are valued at net asset value per share (NAV) or its equivalent of the funds, which is based on the fair value of the funds' underlying assets. There are no redemption restrictions or unfunded commitments on these investments.

Unallocated Contract

The unallocated contract is valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. Because the investment is valued at contract value as opposed to fair value, it has been excluded from the fair value disclosures below.

The following tables present information about the Master Trust investments at December 31, 2018 and 2017. The Plans' interest in the net assets of the Master Trust are presented in the accompanying financial statements.

		Master Trust Net Assets at December 31, 2018	
		Investments	Level 1
Investments at fair value - Mutual funds		\$ 475,981,678	\$ 475,981,678
Investments measured at NAV - Common collective trust funds		4,715,632	
Total master trust investments		<u>\$ 480,697,310</u>	

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 5 - Investments (Continued)

	Master Trust Net Assets at December 31, 2017	
	Investments	Level 1
Investments at fair value - Mutual funds	\$ 571,689,393	\$ 571,689,393
Investments measured at NAV - Common collective trust funds	4,425,387	
Total master trust investments	<u>\$ 576,114,780</u>	

The investment (loss) income for the Master Trust for the years ended December 31, 2018 and 2017 is as follows:

	2018	2017
Net realized and unrealized gains and losses on investments	\$ (57,284,005)	\$ 74,074,121
Interest and dividends	17,290,457	18,119,251
Total	<u>\$ (39,993,548)</u>	<u>\$ 92,193,372</u>

The following tables present information about the LHUSPP Plan non-master trust investments at December 31, 2018 and 2017:

	Non-Master Trust Assets Measured at Fair Value on a Recurring Basis at December 31, 2018	
	Investments (at Fair Value)	Level 1
Money market fund	\$ 3,982,245	\$ 3,982,245
Investments measured at NAV - Common collective trust funds	194,746,604	
Total investments at fair value	<u>\$ 198,728,849</u>	

	Non-Master Trust Assets Measured at Fair Value on a Recurring Basis at December 31, 2017	
	Investments (at Fair Value)	Level 1
Money market fund	\$ 4,009,894	\$ 4,009,894
Investments measured at NAV - Common collective trust funds	226,194,401	
Total investments at fair value	<u>\$ 230,204,295</u>	

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.

Notes to Modified Cash Basis Financial Statements

December 31, 2018 and 2017

Note 7 - 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 guarantee, while other benefits may not be provided for at all.

Note 8 - Nonexempt Transactions

During 2017, the LafargeHolcim US Pension Plan made an inadvertent loan to the Company. As a result, the schedule of nonexempt transactions has been included in the financial statements. There were no changes to the statements of net assets available for benefits and changes in net assets available for benefits. The inadvertent loan was repaid in 2018 and the Company paid lost earnings in 2019.

Note 9 - Subsequent Events

In 2019, the LHUSPP Plan transferred the assets held by Fidelity Management Trust Company outside the Master Trust to the Master Trust.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, line 26—Schedule of Active Participant Data as of 1/1/2019

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		3								
25-29		3	2	1						
30-34		3		6						
35-39		2	2	1	2					
40-44		2		3						
45-49			1	2		1	1			
50-54		1		1		5	2			
55-59					1	2	10		3	1
60-64						4	3		5	4
65-69							1			
70+										

N-78

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	3.00%
Optional Payment Form Election Percentage	
Active Participants	40% life annuity. 60% joint and 75% survivor annuity.
Optional Payment Form	6.5%
Conversion Interest Rate	
Optional Payment Form	
Conversion Mortality	1994 Uninsured Pensioner Mortality Table (male rates for participants and female rates for beneficiaries).
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62.
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2017 hourly rate applied to 2,200 assumed hours where the 2017 hourly rate is the most recent base pay divided by 2,000. Assumed hours in excess of 2,000 hours are assumed subject to overtime at 1.5 times the 2017 hourly rate.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$220,000 and the IRC section 401(a) (17) compensation limit of \$275,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2016 Plan Year	6.50%
2017 Plan Year	6.50%, limited to 6.48%
2018 Plan Year	6.50%, limited to 6.29%

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Trust Expenses Included in Target Normal Cost

Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (excluding PBGC premiums), plus expected PBGC premiums for the current year, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Table 1

Retirement Rates

Age	Years of Service		
	0-14	15-29	30+
50	0.00%	0.00%	3.00%
51	0.00%	0.00%	3.00%
52	0.00%	0.00%	3.00%
53	0.00%	0.00%	3.00%
54	0.00%	0.00%	3.00%
55	0.00%	0.00%	10.00%
56	0.00%	0.00%	10.00%
57	0.00%	0.00%	10.00%
58	0.00%	0.00%	10.00%
59	0.00%	0.00%	10.00%
60	0.00%	5.00%	25.00%
61	0.00%	15.00%	25.00%
62	0.00%	25.00%	50.00%
63	0.00%	25.00%	50.00%
64	0.00%	25.00%	50.00%
65	50.00%	50.00%	100.00%
66	50.00%	50.00%	100.00%
67+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	9.47%
16	0.00%	46	9.20%
17	0.00%	47	8.88%
18	11.38%	48	8.50%
19	11.38%	49	8.05%
20	11.38%	50	7.54%
21	11.38%	51	6.95%
22	11.38%	52	6.28%
23	11.38%	53	5.53%
24	11.38%	54+	4.69%
25	11.38%		
26	11.38%		
27	11.06%		
28	10.79%		
29	10.58%		
30	10.41%		
31	10.28%		
32	10.19%		
33	10.13%		
34	10.09%		
35	10.08%		
36	10.08%		
37	10.18%		
38	10.18%		
39	10.17%		
40	10.13%		
41	10.07%		
42	9.98%		
43	9.85%		
44	9.68%		

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.044%	0.039%	45	0.505%	0.522%
16	0.047%	0.042%	46	0.556%	0.570%
17	0.051%	0.045%	47	0.616%	0.628%
18	0.055%	0.048%	48	0.682%	0.695%
19	0.059%	0.051%	49	0.751%	0.770%
20	0.064%	0.055%	50	0.830%	0.854%
21	0.069%	0.060%	51	0.922%	0.947%
22	0.074%	0.066%	52	1.033%	1.052%
23	0.080%	0.074%	53	1.170%	1.181%
24	0.086%	0.084%	54	1.330%	1.334%
25	0.093%	0.096%	55	1.502%	1.490%
26	0.100%	0.108%	56	1.674%	1.630%
27	0.108%	0.121%	57	1.836%	1.733%
28	0.116%	0.135%	58	1.984%	1.753%
29	0.125%	0.149%	59	2.126%	1.773%
30	0.134%	0.165%	60	2.266%	1.793%
31	0.145%	0.181%	61	2.408%	1.813%
32	0.157%	0.198%	62	2.558%	1.833%
33	0.170%	0.215%	63	2.712%	1.903%
34	0.184%	0.234%	64	2.868%	1.992%
35	0.199%	0.252%	65	3.028%	2.095%
36	0.216%	0.272%	66	3.199%	2.207%
37	0.237%	0.293%	67	3.382%	2.322%
38	0.260%	0.314%	68	3.577%	2.441%
39	0.286%	0.335%	69	3.781%	2.567%
40	0.314%	0.357%	70+	3.781%	2.567%
41	0.345%	0.383%			
42	0.381%	0.413%			
43	0.419%	0.447%			
44	0.460%	0.482%			

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service
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).

OMB No. 1210-0110
2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **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
LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (PRESQUE ISLE)

B Three-digit plan number (PN) 033

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

D Employer Identification Number (EIN)

Holcim Participations (US) Inc.

54-1527022

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value: 2a 25,646,897

b Actuarial value: 2b 24,032,798

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	166	15,530,559	15,530,559
b For terminated vested participants	21	450,201	450,201
c For active participants	78	7,723,255	8,102,067
d Total	265	23,704,015	24,082,827

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 5.64%

6 Target normal cost: 6 507,648

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 Al-Karim Alidina

Signature of actuary

Al-Karim Alidina

Type or print name of actuary

Aon Consulting, Inc.

Firm name

2001 K Street NW
Suite 625 North
Washington DC 20006

Address of the firm

10/07/2019
Date
1706110

Most recent enrollment number
202-223-0673

Telephone number (including area code)

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 60**23** Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute
 Current regulation: ☐ 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** ☐ Yes ☐ No**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** 507,648**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance **742,016** Installment **124,832****b** Waiver amortization installment 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 632,480

Carryover balance Prefunding balance Total balance

35 Balances elected for use to offset funding requirement 0 **35** 632,480**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions) **38a** 0**a** Total (excess, if any, of line 37 over line 36) **38b** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **39** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Years of Service 0-14			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
65	50.00%	1.0000	32.50
66	50.00%	0.5000	16.50
67	100.00%	0.2500	16.75
Weighted Average			65.75

Years of Service 15-29			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
60	5.00%	1.0000	3.00
61	15.00%	0.9500	8.69
62	25.00%	0.8075	12.52
63	25.00%	0.6056	9.54
64	25.00%	0.4542	7.27
65	50.00%	0.3407	11.07
66	50.00%	0.1703	5.62
67	100.00%	0.0852	5.71
Weighted Average			63.42

Years of Service 30+			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
50	3.00%	1.0000	1.50
51	3.00%	0.9700	1.48
52	3.00%	0.9409	1.47
53	3.00%	0.9127	1.45
54	3.00%	0.8853	1.43
55	10.00%	0.8587	4.72
56	10.00%	0.7729	4.33
57	10.00%	0.6956	3.96
58	10.00%	0.6260	3.63
59	10.00%	0.5634	3.32
60	25.00%	0.5071	7.61
61	25.00%	0.3803	5.80
62	50.00%	0.2852	8.84
63	50.00%	0.1426	4.49
64	50.00%	0.0713	2.28
65	100.00%	0.0357	2.32
Weighted Average			58.63

Weighted Average Retirement Age

Group	Number of Participants Exposed	Weighted Average Retirement Age
Presque Isle Years of Service - 0-14	1	65.75
Presque Isle Years of Service - 15-29	20	63.42
Presque Isle Years of Service - 30+	57	58.63
Total	78	59.95

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1960. Amended and restated effective January 1, 2017. The latest amendment dated March 30, 2018.	
Eligibility for Participation	An employee who is covered by the settlement agreement between the company or the employer and the union (Cement, Lime, Gypsum and Allied Workers Division International Brotherhood of Boilermakers, Local No. D-351) and hired prior to January 1, 2015 is eligible to participate on the date on which he attains age 21 and completes one year of continuous service. Benefits accruals were frozen effective April 8, 2018.	
Normal Retirement Eligibility	Age 65 with 5 years of continuous service.	
Benefit	A monthly amount equal to the greater of (1) or (2): (1) 1.1% of average monthly earnings multiplied by continuous service up to 30 plus 1.2% of average monthly average earnings multiplied by continuous service in excess of 30. This amount is then increased by 5%. (2) An amount equal to the following benefit schedule multiplied by continuous service (Minimum Pension):	
	<u>Effective Date</u>	<u>Multiplier</u>
	01/01/1998	\$29.00
	10/16/2001	\$31.00
	10/16/2002	\$32.00
	10/16/2003	\$32.50
	10/16/2004	\$33.00
	10/16/2005	\$34.50
	10/16/2006	\$35.50
	10/16/2007	\$36.50
	10/16/2008	\$37.00
	10/16/2009	\$42.00
	10/16/2010	\$43.00
	10/16/2011	\$44.00
	10/16/2012	\$44.50
	10/16/2013	\$46.00
	10/16/2014	\$47.50

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

10/16/2015	\$48.00
10/16/2016	\$48.50
10/16/2017	\$50.50

Special Payment

A special payment is made in all cases of retirement except disability or deferred vested pension. The amount of special payment is based on the vacation available in the year of retirement and the vacation pay received in that year. It is paid as a lump sum immediately upon retirement.

Early Retirement
Eligibility

Age 60 and fifteen years of continuous service or 30 years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced for early commencement as follows:

<u>Age at Retirement</u>	<u>Early Retirement Factor</u>
60	83.82%
61	91.45%
62	100.00%

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

The accrued benefit as of the late retirement date.

Vested Termination
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. If benefits begin before normal retirement, they will be actuarially reduced as follows:

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

64 100.00% 90.72%

Disability

Eligibility

Totally and permanently disabled with fifteen years of continuous service.

Benefit

The accrued benefit at the date of disability, payable immediately. A supplemental pension of \$400 per month is payable until age 62 or until the employee becomes eligible for Social Security disability benefits.

70/80 Retirement
Eligibility

A participant who had at least 15 years of continuous service and not reached age 62 and (a) whose age plus continuous service equal to 70 or more if he is aged 55 or older, or (b) whose age plus continuous service equal to 80 or more if he is not reached age 55; and meets one of the following:

- (1) His continuous service is broken by reason of a permanent shutdown or by reason of layoff or disability; or
- (2) His continuous service is not broken, but he is absent from work because he elected to be placed on layoff status in connection with a permanent shutdown; or
- (3) His continuous service is not broken and while on layoff status by reason of your election to be placed on layoff status under provisions applicable in the event of a permanent shutdown, he accept a job with Presque Isle or another participating employer but elect to retire within 90 consecutive calendar days after his first day back at work.

Benefit

The accrued benefit at the date of retirement, payable immediately. A supplemental pension of \$400 per month is payable until age 62.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Rule-of-65 Retirement
Eligibility

A participant who had at least 20 years of continuous service and not reached age 55 and his age plus service is equal to 65 or more but less than 80, and meets one of the following:

- (1) His continuous service is broken by reason of a layoff or disability; or
- (2) His continuous service is not broken, but he is absent from work because he elected to be placed on layoff status under provisions applicable in the event of a permanent shutdown, and he has not been offered suitable long-term employment. If he receive and offer of suitable long-term employment, he will be provided a written explanation of his rights and obligations in connection with that offer, including the number of days in which he must respond to the offer. If he refuses the offer, he will be ineligible for the Rule-of-65 retirement.

Benefit

The accrued benefit at the date of retirement, payable immediately. A supplemental pension of \$400 per month is payable until age 62.

Surviving Spouse
Eligibility

The spouse of a participant with at least 15 years of continuous service and dies during active employment or dies after retirement other than a deferred vested pension is entitled to the surviving spouse benefit.

Benefit

The surviving spouse will receive a monthly benefit equal to 50% of the accrued monthly benefit that would have been payable to the participant at age 62. The minimum surviving spouse's benefit is \$140 per month before age 60 and \$90 per month thereafter.

Normal Form of Annuity
Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Optional Forms of Annuity

Single life annuity
50% joint and survivor annuity
75% joint and survivor annuity
100% joint and survivor annuity
50% joint and survivor annuity with pop-up
100% joint and survivor annuity with pop-up
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Actuarial Equivalence

1994 Uninsured Pension Mortality Table (males rates for participants and female rates for beneficiaries) and 6.5% interest rate.

Definitions

Average earnings

Average earnings during any five consecutive calendar years producing the highest average in the last ten calendar years immediately prior to retirement.

Continuous Service

Continuous service is used to determine both eligibility to participate and the amount of plan benefit. Continuous service is the service from most recent hire date until the date of retirement. If there is break in continuous service, service will be calculated from the date of reemployment following the last break in continuous service.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The Plan was renamed the LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle) effective January 1, 2018.
- The Plan Sponsor was changed to Holcim Participations (US) Inc. effective January 1, 2018.
- Benefits accruals were frozen effective April 8, 2018.
- Effective April 8, 2018, for retirements on or after October 16, 2017, the minimum benefit multiplier was increased from \$48.50 per month per year of service to \$50.50 per month per year of service.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The plan's EIN was changed from 58-1290226 to 54-1527022 effective January 1, 2018 due to the change in plan sponsor to Holcim Participants (US) Inc.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 168,916	January 1, 2017	6	\$ 31,274
Shortfall	\$ 573,100	January 1, 2018	7	\$ 93,558

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, line 25—Change in Method

Since the prior valuation, both the enrolled actuary and the business organization providing actuarial services to the plan have changed. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior Schedule SB. The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined by the new enrolled actuary as of the valuation date for the prior plan year (using the actuarial assumptions of the prior enrolled actuary and using the data elements and valuation software of the new enrolled actuary), are both within 3% of those values as determined for that prior plan year by the prior enrolled actuary. Additionally, the actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using the actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore, the plan qualifies for automatic approval under Rev Proc 2017-56 for the change in funding method for a takeover plan.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LafargeHolcim US Pension Plan for Hourly Compensated Employees
(Presque Isle)
EIN: 54-1527022 PN: 033

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the payment form elections percentage.
- A change in the retirement and withdrawal rates.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Section 430(h)(5), as such approval of the Commissioner is not required.