Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

1b Three-digit plan number (PN) ▶ 019

1c Effective date of plan 01/01/1950

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HOLCIM PARTICIPATIONS (US) INC.

6211 ANN ARBOR ROAD
DUNDEE, MI 48131

2b Employer Identification Number (EIN) 54-1527022

2c Plan Sponsor's telephone number 734-529-2411

2d Business code (see instructions) 327300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/08/2021	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

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
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	622
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)**	75
a(2) Total number of active participants at the end of the plan year	**6a(2)**	76
b Retired or separated participants receiving benefits	**6b**	318
c Other retired or separated participants entitled to future benefits	**6c**	151
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	545
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	59
f Total. Add lines **6d** and **6e**.	**6f**	604
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**	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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 HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOLCIM PARTICIPATIONS (US) INC.

D Employer Identification Number (EIN)
54-1527022

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	35332597
b Actuarial value	**2b**	37789755

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	388	31586463	31586463
b For terminated vested participants	167	4830590	4830590
c For active participants	75	3113226	3412705
d Total	630	39530279	39829758

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**	5.51 %
6 Target normal cost	**6**	572000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 01/25/2021

AL-KARIM ALIDINA — Type or print name of actuary

20-06110 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

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	649789
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	649789
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -7.53 %	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)		465
	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 5.68 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-35
	c Total available at beginning of current plan year to add to prefunding balance		430
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.87 %
15	Adjusted funding target attainment percentage	15	94.87 %
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	95.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2019	235000	0			
07/15/2019	235000	0			
10/15/2019	235000	0			
11/27/2019	1000000	0			
12/31/2020	3500000	0			
			Totals ► 18(b)	5205000	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	4783514

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ 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) ☐ 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**	572000
b Excess assets, if applicable, but not greater than line 31a		**31b**	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2040003	379834
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**	951834

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	951834
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4783514
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3831680
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan sponsor's name as shown on line 2a of Form 5500
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).. . . . . [X] Yes [ ] No

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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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 14 17 50	NONE KNOWN	99283	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 33 49 50 51 52	NONE KNOWN	21710	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(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	19030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE 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	16581	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

AON CONSULTING, INC.

22-2232264

(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	9420	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY INVESTMENT ADVISORS LLC

04-2647786

(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?
17 27 50	NONE KNOWN	8665	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(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?
28 50 51	NONE KNOWN	6247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(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?
28 50 51	NONE KNOWN	5106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOLCIM PARTICIPATIONS (US) INC.

D Employer Identification Number (EIN)
54-1527022

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HOLCIM PARTICIPATIONS (US) M RET TR

b Name of sponsor of entity listed in (a): HOLCIM PARTICIPATIONS (US) INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-3481535-001	M	42027579

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan sponsor's name as shown on line 2a of Form 5500
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)	35026625	42027579
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35026625	42027579
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35026625	42027579

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)	2019000	
	(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)		2019000
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)		8343201
(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		10362201
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2797088	
(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)		2797088
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)	139227	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	51148	
(4) Other	2i(4)	387020	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		577395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3374483
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6987718
l Transfers of assets:			
(1) To this plan	2l(1)		27723
(2) From this plan	2l(2)		14487

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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
LAFARGEHOLCIM US PENSION PLAN FOR BLUE CIRCLE HERITAGE HOURLY COMPENSATED EMPLOYEES (CEMENT)	54-1527022	038

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 4242000. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan sponsor's name as shown on line 2a of Form 5500
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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

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, 2019

Holcim Participations (US) Inc. Defined Benefit Plans

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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; 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); and LafargeHolcim US 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, 2019 and 2018 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, 2018 and the statements of changes in accumulated plan benefits - modified cash basis for the year then ended, and the related notes to the modified cash basis financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Northern Trust Company and Fidelity Management 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, 2019 and 2018 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental 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, 2019 and reportable transactions - LafargeHolcim US Pension Plan and nonexempt transactions - LafargeHolcim US Pension Plan for the year ended December 31, 2019 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 & Moran, PLLC

Toledo, Ohio
September 29, 2020

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2019

	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 (Memorandum Only)
Assets								
Investments - At fair value - (Note 4)								
Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust:								
Accrued income and other receivables	$ 3,716,556	$ 235,915	$ 81,980	$ 203,350	$ 123,132	$ 156,108	$ 96,544	$ 4,613,585
Common collective trust funds	463,112,122	29,396,895	10,215,376	25,339,041	15,343,157	19,452,234	12,030,229	574,889,054
Limited partnership and real estate investment trust	6,444,544	409,079	142,154	352,611	213,511	270,692	167,409	8,000,000
Fixed-income securities	299,949,952	19,039,873	6,616,327	16,411,669	9,937,504	12,598,884	7,791,749	372,345,958
Interest-bearing cash	19,337,588	1,227,489	426,551	1,058,050	640,665	812,242	502,329	24,004,914
Payables and unsettled trades	(24,438,451)	(1,551,275)	(539,066)	(1,337,142)	(809,659)	(1,026,495)	(634,833)	(30,336,921)
Total investments - At fair value	768,122,311	48,757,976	16,943,322	42,027,579	25,448,310	32,263,665	19,953,427	953,516,590
Investments at contract value	97,992	-	-	-	-	-	-	97,992
Net Assets Available for Benefits	**$ 768,220,303**	**$ 48,757,976**	**$ 16,943,322**	**$ 42,027,579**	**$ 25,448,310**	**$ 32,263,665**	**$ 19,953,427**	**$ 953,614,582**

See notes to modified cash basis financial statements.

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 (Memorandum Only)
Assets								
Investments - At fair value: (Note 4)								
Plan's interest in the Holcim Participations (US) 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 interest in the Holcim Participations (US) 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**

See notes to modified cash basis financial statements.

Holcim Participations (US) Inc. Defined Benefit Plans

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

Year Ended December 31, 2019

	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 (Memorandum Only)
Additions								
Employer contributions	$ 176,037,000	$ -	$ -	$ 2,019,000	$ 4,900,000	$ 7,241,000	$ 4,493,000	$ 194,690,000
Investment income: (Note 4)								
Interest and dividends	11,848	-	-	-	-	-	-	11,848
Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust investment gain - Net of investment expenses	122,580,803	9,996,610	3,467,814	8,343,201	4,292,223	5,190,694	3,289,325	157,160,670
Total additions	298,629,651	9,996,610	3,467,814	10,362,201	9,192,223	12,431,694	7,782,325	351,862,518
Deductions								
Benefits paid directly to participants or beneficiaries	57,978,052	2,816,909	1,112,917	2,797,088	1,694,176	1,740,560	1,242,219	69,381,921
Administrative expenses	6,188,742	637,562	138,175	577,395	346,351	266,743	242,670	8,397,638
Total deductions	64,166,794	3,454,471	1,251,092	3,374,483	2,040,527	2,007,303	1,484,889	77,779,559
Transfers In	-	3,055	14,487	27,723	10,641	-	-	55,906
Transfers Out	(20,367)	(17,997)	-	(14,487)	-	-	(3,055)	(55,906)
Net Increase	234,442,490	6,527,197	2,231,209	7,000,954	7,162,337	10,424,391	6,294,381	274,082,959
Net Assets Available for Benefits								
Beginning of year	533,777,813	42,230,779	14,712,113	35,026,625	18,285,973	21,839,274	13,659,046	679,531,623
End of year	**$ 768,220,303**	**$ 48,757,976**	**$ 16,943,322**	**$ 42,027,579**	**$ 25,448,310**	**$ 32,263,665**	**$ 19,953,427**	**$ 953,614,582**

See notes to modified cash basis financial statements.

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)	Total (Memorandum Only)
Additions								
Employer contributions	$ 900,000	$ -	$ -	$ 675,000	$ 1,170,000	$ 1,280,000	$ 160,000	$ 4,185,000
Investment loss: (Note 4)								
Interest and dividends	58,558	-	-	-	-	-	-	58,558
Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust investment gain - 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)	(39,993,548)
Net realized and unrealized losses on investments	(9,995,603)	-	-	-	-	-	-	(9,995,603)
Other income	1,164,853	-	-	-	-	-	-	1,164,853
Total net additions	(35,789,663)	(3,502,189)	(1,216,229)	(2,231,555)	(338,444)	(526,532)	(976,128)	(44,580,740)
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	73,350,995
Administrative expenses	6,894,749	365,937	209,633	561,404	273,233	359,887	304,231	8,969,074
Total deductions	68,692,586	3,371,770	1,256,535	3,444,721	1,922,137	2,029,353	1,602,967	82,320,069
Net Decrease	(104,482,249)	(6,873,959)	(2,472,764)	(5,676,276)	(2,260,581)	(2,555,885)	(2,579,095)	(126,900,809)
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	806,432,432
End of year	**$ 533,777,813**	**$ 42,230,779**	**$ 14,712,113**	**$ 35,026,625**	**$ 18,285,973**	**$ 21,839,274**	**$ 13,659,046**	**$ 679,531,623**

See notes to modified cash basis financial statements.

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Accumulated Plan 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)
Actuarial Present Value of Accumulated Plan Benefits							
Vested benefits:							
Participants currently receiving benefit payments	$ 440,969,877	$ 24,952,012	$ 9,188,129	$ 29,097,603	$ 13,762,430	$ 16,206,612	$ 11,559,961
Participating employees	140,409,430	8,609,646	-	2,901,898	710,996	5,919,737	1,016,891
Participants with deferred benefits	102,700,931	4,927,625	2,208,540	4,562,440	4,107,458	439,710	1,940,571
Total vested benefits	684,080,238	38,489,283	11,396,669	36,561,941	18,580,884	22,566,059	14,517,423
Nonvested benefits	398,854	779,904	-	267,654	80,134	343,346	132,881
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 684,479,092**	**$ 39,269,187**	**$ 11,396,669**	**$ 36,829,595**	**$ 18,661,018**	**$ 22,909,405**	**$ 14,650,304**

See notes to modified cash basis financial statements.

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Changes in Accumulated Plan 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)
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 705,517,695	$ 39,583,720	$ 12,401,268	$ 38,303,812	$ 19,358,806	$ 23,130,167	$ 15,105,372
Increase (decrease) during the year attributable to:							
Benefits accumulated	38,821,852	2,286,162	713,128	2,212,989	1,112,782	1,338,456	867,928
Benefits payments	(61,797,837)	(3,005,833)	(1,046,902)	(2,883,317)	(1,648,904)	(1,669,466)	(1,298,736)
Plan amendments	-	90,186	-	-	-	-	-
Assumption changes (Note 2)	(4,324,224)	(155,159)	(50,431)	(129,535)	52,062	(87,417)	(62,471)
Other	6,261,606	470,111	(620,394)	(674,354)	(213,728)	197,665	38,211
Net decrease	(21,038,603)	(314,533)	(1,004,599)	(1,474,217)	(697,788)	(220,762)	(455,068)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 684,479,092**	**$ 39,269,187**	**$ 11,396,669**	**$ 36,829,595**	**$ 18,661,018**	**$ 22,909,405**	**$ 14,650,304**

See notes to modified cash basis financial statements.

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. The financial statements include the following plans (collectively, the "Plans").

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

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. 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.

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 Ravena, New York (Ravena 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 Ravena 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 Ravena Supplement employees effective February 28, 2018 and December 31, 2018, respectively.

The Blue Circle Inc. Pension Plan for Cement Union Hourly Employees (the "Cement-Union Plan") 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.

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, 2019 and 2018.

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

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment in Master Trust

The Plans' investments are held in the Holcim Participations (US) Inc. Master Retirement Trust (formerly known as 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, 2019 and 2018, 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 4 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, 2018 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 for per annum for all other plans.
Mortality basis	Healthy: RP-2014 Table, with a 1.5 percent decrease in mortality rates projected from base year 2006 with MP-2018 (except for LHUSPP and former BCIPP, which reflect a 2.9 percent decrease in mortality rates) Disabled: RP-2014 Table projected from base year 2006 with MP-2018

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.

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. 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 statements of changes in net assets available for benefits - modified cash basis 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 29, 2020, which is the date the financial statements were available to be issued.

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 Northern Trust Company.

Fidelity Management Trust Company (Fidelity) held the assets of the LHUSPP Plan that were outside of the Master Trust, other than the unallocated contract, and executed all related investment transactions for the year ended December 31, 2018. During 2019, the assets held by Fidelity were transferred to the Master Trust. The investment balances and related investment results included in the accompanying financial statements 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.

Note 3 - Unaudited Information (Continued)

The LHUSPP Plan's investments in the unallocated contract totaling $97,992 and $105,464 at December 31, 2019 and 2018, respectively, and related investment income of $6,080 and $5,875 for the years ended December 31, 2019 and 2018, respectively, were not certified by Fidelity Management Trust Company or The Northern Trust Company.

Note 4 - 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. 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, 2019 and 2018, the Plans' respective interests in the Master Trust were as follows:

	2019	2018
LHUSPP	80.6 %	69.7 %
Steelworkers	5.1	8.8
Cement	1.8	3.1
Cement-Boilermakers	4.4	7.3
Multi-Plant	2.6	3.8
Presque Isle	3.4	4.5
Aggregates and Concrete	2.1	2.8
Total	100.0 %	100.0 %

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.

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 where 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.

Note 4 - Investments (Continued)

Money Market Fund

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

Common Collective Trust Funds

The common collective trust funds are valued at net asset value (NAV) per share or its equivalent of the funds, which is based on the fair value of the funds' underlying assets.

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.

Real Estate Investment Trust

The investment in the real estate investment trust is valued at net asset value per share (or its equivalent) based on audited financial statements.

Interest-bearing Cash

The fair value of these investments is based on their outstanding balances.

Fixed Income Securities

The government securities and corporate fixed income securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

Limited Partnership

The investment in the limited partnership is valued at net asset value per share (or its equivalent) of the fund based on audited financial statements of the fund, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

Note 4 - Investments (Continued)

The following tables present information about the master trust investments at December 31, 2019 and 2018. 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, 2019		
	Investments	Level 1	Level 2
Investments at fair value:			
Fixed-income securities:			
Government	$ 196,558,355	$ -	$ 196,558,355
Corporate	175,787,603	-	175,787,603
Interest-bearing cash	24,004,914	-	24,004,914
Total	396,350,872	$ -	$ 396,350,872
Investments measured at NAV:			
Common collective trust funds	574,889,054		
Limited partnership and real estate investment trust	8,000,000		
Total master trust investments	$ 979,239,926		

	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	$ 480,697,310	

Investments in Entities that Calculate Net Asset Value per Share

The Master Trust holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

There were no unfunded commitments or redemption restrictions on the investments at December 31, 2018. The unfunded commitments and redemption restrictions for investments at December 31, 2019 are as follows:

- Common collective trust fund investments with a fair value of $35,000,000 at December 31, 2019 are restricted to investors withdrawing all or a portion of their units only twice each calendar month, on each semimonthly valuation date. An investor will be permitted to withdraw units on a semimonthly valuation date upon at least 30 days' prior written notice to the fund. There are no restrictions on the remaining common collective trust fund investments. There were no unfunded commitments for any common collective trust funds.

Note 4 - Investments (Continued)

- The limited partnership investment with a fair value of $500,000 at December 31, 2019 had unfunded commitments of $9,500,000. Requests for redemption of shares may be made at any time after the redemption lockout period with 30 days' notification by submitting a redemption notice form signed by a representative of the investor and are effective at the end of the calendar quarter in which the request is received. The redemption lockout period will be a period of one year from the date the investor's shares were issued. The shares that are subject to a redemption notice may be redeemed in full or in installments on a pro rata basis as funds become available for such purpose, and the redemption price will be the value per share based on the investment manager's estimate of the fair value of the investment fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Redemptions are subject to the availability of cash flow arising from investing transactions, sales, and other fund operations occurring in the normal course of business.
- The real estate investment trust with a fair value of $7,500,000 at December 31, 2019 had unfunded commitments of $7,500,000. Any redemption request must be made in writing and delivered to the fund specifying the number of shares that an investor wishes to redeem. A request to redeem shares must be delivered to the fund prior to or on the 15th day of the second month of every quarter in order to be effective as of the last day of any such applicable calendar quarter.

The investment income (loss) for the Master Trust for the years ended December 31, 2019 and 2018 is as follows:

	2019	2018
Net realized and unrealized gains and losses on investments	$ 146,855,415	$ (57,284,005)
Interest and dividends	10,305,255	17,290,457
Total	$ 157,160,670	$ (39,993,548)

During 2019, non-master trust investments were transferred into the Master Trust, with the exception of the unallocated contract, which is at contract value. The following table presents information about the LHUSPP Plan non-master trust investments at December 31, 2018:

	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 (1)	194,746,604	
Total investments at fair value	$ 198,728,849	

(1) There were no unfunded commitments or redemption restrictions on the investments at December 31, 2018.

Note 5 - Tax Status

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

Note 6 - Plan Termination

Although it has expressed no intent 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 7 - 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 - modified cash basis and changes in net assets available for benefits - modified cash basis. The inadvertent loan was repaid in 2018, and the Company paid lost earnings in 2019.

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

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

Number of Participants

Attained Age	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		5	1							
30-34		5	2	2						
35-39		3	2	4						
40-44		3	4	2	2	1				
45-49		1		2	2	1				
50-54		2		1	1	6		1		
55-59				2		4	4	1	2	
60-64					1	4		1		
65-69										
70+										

N-75

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

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 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Optional Payment Form Election Percentage	40% life annuity 60% joint and 75% survivor annuity
Optional Payment Form Conversion Interest Rate	6.5% for Paulding & Seattle and 9% for Waukegan
Optional Payment Form Conversion Mortality	Paulding & Seattle: RP-2000 Mortality (no collar, male, with a 1-year setback for participants and no collar, female for spouse and other beneficiaries); Waukegan: UP 1984 Unisex Mortality Table
Retirement Age	
Active Participants that decrement after reaching retirement eligibility	See Table 1
Active Participants that decrement before reaching retirement eligibility	Earliest of age 62 with 10 years of credited service or age 65 with 5 years of credited service.
Terminated Vested Participants	Earlier of unreduced retirement age or age 62
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02
Withdrawal Rates	See Table 2

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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $225,000.
Valuation of Plan Assets	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. 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).
Expected Return on Assets	
2017 Plan Year	6.50%, limited to 6.48%
2018 Plan Year	6.50%, limited to 6.29%
2019 Plan Year	6.50%, limited to 6.11%
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, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

Table 1—Page 1

Retirement Rates

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

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
25	11.38%	45	9.47%
26	11.38%	46	9.20%
27	11.06%	47	8.88%
28	10.79%	48	8.50%
29	10.58%	49	8.05%
30	10.41%	50	7.54%
31	10.28%	51	6.95%
32	10.19%	52	6.28%
33	10.13%	53	5.53%
34	10.09%	54+	4.69%
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%		

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

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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 HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)

B Three-digit plan number (PN) ▶ 019

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Holcim Participations (US) Inc.

D Employer Identification Number (EIN)
54-1527022

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	2a	35,332,597
b Actuarial value	2b	37,789,755

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	388	31,586,463	31,586,463
b For terminated vested participants	167	4,830,590	4,830,590
c For active participants	75	3,113,226	3,412,705
d Total	630	39,530,279	39,829,758

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	5.51%
6 Target normal cost	6	572,000

Statement by Enrolled Actuary

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

SIGN HERE Al-Karim Alidina

Signature of actuary

01/25/2021
Date

Al-Karim Alidina
Type or print name of actuary

2006110
Most recent enrollment number

Aon Consulting, Inc.
Firm name

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	649,789
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	649,789
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -7.53%	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)		465
	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 5.68%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-35
	c Total available at beginning of current plan year to add to prefunding balance		430
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.87%
15	Adjusted funding target attainment percentage	15	94.87%
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	95.79%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2019	235,000	0			
07/15/2019	235,000	0			
10/15/2019	235,000	0			
11/27/2019	1,000,000	0			
12/31/2020	3,500,000	0			
			Totals ▶ 18(b)	5,205,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,783,514

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11%	☐ 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) ☐ 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		572,000
b Excess assets, if applicable, but not greater than line 31a	31b		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2,040,003	379,834
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		951,834

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	951,834
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,783,514
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,831,680
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

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.51%	Days to Discount to 1/1/2019 at 5.36%	Interest Adjusted Contribution
April 15, 2019	$ 235,000	104	0	$ 231,436
July 15, 2019	235,000	195	0	228,362
October 15, 2019	235,000	287	0	225,295
November 27, 2019	1,000,000	330	0	952,665
December 31, 2020	3,500,000	623	107	3,145,756
Total Contribution	$ 5,205,000			$ 4,783,514

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

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 mid-year, except for the 100% retirement age.

Years of Service (a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	10.00%	1.0000	5.55
56.5	5.00%	0.9000	2.54
57.5	5.00%	0.8550	2.46
58.5	5.00%	0.8123	2.38
59.5	5.00%	0.7716	2.30
60.5	5.00%	0.7331	2.22
61.5	15.00%	0.6964	6.42
62.5	25.00%	0.5919	9.25
63.5	25.00%	0.4440	7.05
64.5	25.00%	0.3330	5.37
65.5	50.00%	0.2497	8.18
66.5	50.00%	0.1249	4.15
67.0	100.00%	0.0624	4.18
	Weighted Average		62.05

Years of Service (a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	3.00%	1.0000	1.52
51.5	3.00%	0.9700	1.50
52.5	3.00%	0.9409	1.48
53.5	3.00%	0.9127	1.46
54.5	3.00%	0.8853	1.45
55.5	10.00%	0.8587	4.77
56.5	10.00%	0.7729	4.37
57.5	10.00%	0.6956	4.00
58.5	10.00%	0.6260	3.66
59.5	10.00%	0.5634	3.35
60.5	25.00%	0.5071	7.67
61.5	25.00%	0.3803	5.85
62.5	50.00%	0.2852	8.91
63.5	50.00%	0.1426	4.53
64.5	50.00%	0.0713	2.30
65.0	100.00%	0.0357	2.32
66.0	100.00%	0.0000	0.00
67.0	100.00%	0.0000	0.00
	Weighted Average		59.14

Weighted Average Retirement Age

Group	Number of Participants Exposed	Weighted Average Retirement Age
Cement-Boilermakers Years of Service - 0-29	33	62.05
Cement-Boilermakers Years of Service - 30+	42	59.14
Total	75	60.42

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
EIN: 54-1527022 PN: 019

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 20, 2017.
Eligibility for Participation	Hourly compensated employees who are (i) represented by the Cement, Lime Gypsum and Allied workers Division of the Union, (ii) members of the Bargaining Units set out below, and (iii) covered by a Collective Bargaining Agreement with such Bargaining Unit and/or the Union that provided for coverage under this plan: 1. Local Lodge No. D-75 at the Fredonia, Kansas Plant (Sold) 2. Local Lodge No. D-375 at the Paulding, Ohio Plant (freeze date: February 7, 2017) 3. Local Lodge No. D-421 at the Tulsa, Oklahoma Plant (Sold) 4. Local Lodge No. D-27 at the Sugar Creek, Missouri Plant (Sold) 5. Local Lodge No. D-6 at the Davenport, Iowa Plant (Sold) 6. Local Lodge No. D-999 (DNCL) at the Seattle, Washington Plant, provided, however, that no Employee represented, by this Bargaining Unit shall be eligible to participate in the plan if he or she first completes an hour of service on or after January 1, 2016. Further, effective February 15, 2016, any employee who first completes an hour of service on or after August 1, 2015 and prior to January 1, 2016 shall cease to be a covered employee who is eligible to participate in the plan. (Freeze date for all employees: December 31, 2017) 7. Local Lodge No. D-37 at the Vancouver, Washington Plant (decertified) 8. Local Lodge at the Waukegan, Illinois Terminal (Shutdown)

Effective January 1, 2018, no new entrants are eligible to begin participating in the plan.

Normal Retirement

Eligibility

Age 65.

Benefit

For employees at the Davenport location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$38.00
01/24/2011	$39.00
11/01/2011	$39.50
11/01/2012	$40.00
11/01/2013	$41.00
11/01/2014	$42.00
11/01/2015	$43.50
11/01/2016	$45.00

For employees at the Fredonia location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
05/01/2008	$33.00
05/01/2009	$34.00
05/01/2010	$35.50
05/01/2011	$37.00

For employees at the Paulding location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$37.50
12/16/2010	$38.50
12/16/2011	$39.50
12/16/2012	$40.00
12/16/2013	$40.50
12/16/2014	$41.00
12/16/2015	$41.50

Benefit accruals at the Paulding location were frozen effective February 7, 2017.

For employees at the Seattle location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$34.00
05/01/2010	$34.50
05/01/2011	$35.00
05/01/2012	$35.50
05/01/2013	$36.50
05/01/2014	$37.50
05/01/2015	$39.00
05/01/2017	$42.00

Benefit accruals at the Seattle location were frozen effective February 15, 2016 for participants hired on or after August 1, 2015 and effective December 31, 2017 for all other participants.

For employees at the Sugar Creek location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
04/30/2008	$33.00
04/30/2009	$34.00
04/30/2010	$35.00
04/30/2011	$38.00
04/30/2012	$40.00
04/30/2013	$41.00
05/01/2014	$42.00

For employees at the Tulsa location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$32.00
05/01/2011	$33.00
05/01/2012	$35.50
05/01/2013	$38.00

For employees at the Vancouver location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$34.50
11/01/2010	$35.00
11/01/2011	$35.50
11/01/2012	$36.00

For employees at the Waukegan location, a monthly amount equal to the following benefit schedule multiplied by credited service:

Effective Date	Multiplier
01/01/2010	$32.00
01/14/2010	$33.00
01/15/2011	$34.00
01/16/2012	$36.00

Early Retirement

Eligibility — Age 55 with 10 years of credited service or, for the Paulding location, 30 years of credited service regardless of age.

Benefit — A monthly benefit equal to the normal retirement benefit reduced by 0.3% for each month the early retirement precedes age 65.

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 greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Vested Termination

Eligibility — Five years of vesting service.

Benefit — The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability	
Eligibility	Totally and permanently disabled with 10 or more years of credited service.
Benefit	The monthly disability benefit, payable immediately, will be equal to the disability multiplier times credited service. For all locations, the disability multiplier is equal to the normal retirement benefit multiplier plus $1 except for Sugar Creek from April 30, 2008 through December 31, 2009, which is based on $33. The minimum monthly disability benefit is $550 for Davenport, $450 for Fredonia, Paulding, Sugar Creek and Vancouver, $475 for Seattle and $300 for Waukegan. There is no minimum disability benefit for Tulsa.
Surviving Spouse	
Eligibility	Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of $75 per month until the surviving spouse's 62nd birthday applies.
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.
Optional Forms of Annuity	Single life annuity 10 year certain and life annuity 66-2/3% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity Lump sum if the present value of the total benefit is less than $7,500 An automatic lump sum payment is made if the present value of benefits does not exceed $5,000

Actuarial Equivalence	RP-2000 Mortality Table (no collar, male, with a 1-year setback for participants, and no collar, female for spouse and other beneficiaries) and 6.50% interest rate. For Waukegan, actuarial equivalence is UP 1984 Unisex Mortality Table and 9.00% interest rate.
Definitions	
Credited Service	Credited service is equal to the sum of (i) the participant's credited service determined under the terms and conditions of the combined plan in which he or she was a participant before January 1, 2010, determined as of the last day of the plan year before January 1, 2010, plus (ii) credited service for employment beginning on or after January 1, 2010. After January 1, 2010, a full year of credited service is earned if the employee works 1,200 or more hours in one plan year. If the employee has less than 1,200 hours during any calendar year, a partial year of service is determined by dividing hours of service for the year by 1,200.
Vesting Service	One year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
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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.

At the instruction of the plan sponsor, the contribution of $3,500,000 made on December 31, 2020 was reported on Line 18 as a receivable contribution for the 2019 plan year. This contribution is not reported on Schedule H Line 1b(1)(b) as a receivable contribution because it was not included in the plan's audited financial statements, due to the auditor's and plan sponsor's understanding of IRS and AICPA guidance.

Schedule SB Attachment (Form 5500)—2019 Plan Year
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 534,432	January 1, 2017	5	$ 114,876
Shortfall	$ 927,171	January 1, 2018	6	$ 170,975
Shortfall	$ 578,400	January 1, 2019	7	$ 93,983