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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                          |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)</u>                                                                                                                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>019</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1950</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>019</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1950</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                             | <u>019</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1950</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HOLCIM PARTICIPATIONS (US) INC.</u><br><br><u>6211 ANN ARBOR ROAD</u><br><u>DUNDEE, MI 48131</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>54-1527022</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>734-529-2411</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>327300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>54-1527022</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>734-529-2411</u> | <b>2d</b> Business code (see instructions)<br><u>327300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-1527022</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>734-529-2411</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>327300</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2021 | SANDRA FINK                                                  |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BENEFIT PLAN DESIGN COMMITTEE<br>C/O HOLCIM (US) INC.<br>6211 ANN ARBOR ROAD<br>DUNDEE, MI 48131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br>54-1527022<br><br><b>3c</b> Administrator's telephone number<br>734-529-2411                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 76<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b><br><b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ 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<br>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<br>HOLCIM PARTICIPATIONS (US) INC.                               | D Employer Identification Number (EIN)<br>54-1527022                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                         |                            |                           |                          |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                       |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                     |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                 |                            |                           |                          |
|        | a Market value .....                                                                                                                                                                                    | 2a                         | 45346655                  |                          |
|        | b Actuarial value .....                                                                                                                                                                                 | 2b                         | 42993294                  |                          |
| 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.....                                                                                                                                     | 383                        | 31080704                  | 31080704                 |
|        | b For terminated vested participants.....                                                                                                                                                               | 153                        | 4724157                   | 4724157                  |
|        | c For active participants .....                                                                                                                                                                         | 76                         | 3294551                   | 3563660                  |
|        | d Total.....                                                                                                                                                                                            | 612                        | 39099412                  | 39368521                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | 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                          | 5.36 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                                 | 6                          | 210000                    |                          |

**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.

|                          |                                                             |                                        |
|--------------------------|-------------------------------------------------------------|----------------------------------------|
| <div>SIGN<br/>HERE</div> |                                                             |                                        |
|                          | Signature of actuary                                        | 09/29/2021                             |
|                          |                                                             | Date                                   |
|                          | AL-KARIM ALIDINA                                            | 20-06110                               |
|                          | Type or print name of actuary                               | Most recent enrollment number          |
|                          | AON CONSULTING, INC.                                        | 202-223-0673                           |
|                          | Firm name                                                   | Telephone number (including area code) |
|                          | 2001 K STREET NW<br>SUITE 625 NORTH<br>WASHINGTON, DC 20006 |                                        |
|                          | Address of the firm                                         |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>24.49</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 3831680                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> % ..... |                       | 211126                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 4042806                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 4042805                |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 4042805                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 98.93 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.77 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 94.87 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ 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** 210000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 418032 Installment 165114**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** 375114

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 512114             | 512114        |

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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020       |                                                             |     |
| <b>A</b> Name of plan<br>LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)            | <b>B</b> Three-digit plan number (PN) ▶                     | 019 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HOLCIM PARTICIPATIONS (US) INC. | <b>D</b> Employer Identification Number (EIN)<br>54-1527022 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NORTHERN TRUST CORPORATION                                                                                        |
| 36-2723087                                                                                                        |

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

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

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

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

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

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**(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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 14 17 50            | NONE KNOWN                                                                                        | 101424                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 32908                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INCOME RESEARCH & MANAGEMENT

04-2955404

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 21662                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PLANTE & MORAN PLLC

38-1357951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 17849                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE KNOWN                                                                                        | 16195                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50 62               | NONE KNOWN                                                                                        | 11011                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

FIDUCIARY INVESTMENT ADVISORS LLC

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 27 50               | NONE KNOWN                                                                                        | 10215                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| A Name of plan<br>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<br>HOLCIM PARTICIPATIONS (US) INC.                                                                                             |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>54-1527022                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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 22-3481535-001                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)    |  |
| 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)    |  |
| 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 MT                                                                |  |

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)</u>                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>019</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HOLCIM PARTICIPATIONS (US) INC.</u>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><u>54-1527022</u>                                                                                                                                                                                                           |                                                                                                          |

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

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 42027579              | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 42027579 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                              |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 3500000    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 3500000   |
| <b>b</b> Earnings on investments:                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            | 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)  |            | 3952276   |
| (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 <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 7452276   |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2767715  |          |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |          |          |
| (3) Other.....                                                                      | 2e(3) | 35995203 |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |          | 38762918 |
| 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) | 134260   |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 80980    |          |
| (4) Other.....                                                                      | 2i(4) | 187753   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 402993   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 39165911 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -31713635 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  |           |
| (2) From this plan .....                                 | 2l(2) |  | 10313944  |

**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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                 | No                 | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</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.) .....                                                                                                   |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>c</b> 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.) .....                                                                                                                                                                                                                               |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>d</b> 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.) .....                                                                                                                                                                                                                    |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                           | X                   |                    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>g</b> 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? .....                                                                                                                                                                                                                                         |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>h</b> 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? .....                                                                                                                                                                                                                               |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                     |                     |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>j</b> 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.) .....                                                                                                                                                                                       |                     |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                |                     |                    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                          | X                   |                    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                 |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                       |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                    |          |
| <b>n</b> 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. ....                                                                                                                                                                                                                           |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                       |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                       | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
| LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN                                                                                                                                                                                                                                                                                                                                                                   | 54-1527022          | 038                |          |
| LAFARGEHOLCIM US PENSION PLAN FOR HOURLY COMPENSATED EMPLOYEES (MULTI-PLANT)                                                                                                                                                                                                                                                                                                                                       | 54-1527022          | 002                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4343481 _____. |                     |                    |          |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>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<br>HOLCIM PARTICIPATIONS (US) INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>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):<br><br>EIN(s): 36-3046063                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2020 v. 200204                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                            | <b>14a</b> |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14b</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                 | <b>14c</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                                            |            |  |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b> |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15b</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |            |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b> |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year.....                                                                                                                                                                                                                                         | <b>16b</b> |  |
| <b>b</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.....                                                                                                                                                           |            |  |
| <b>17</b> 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. .... <input type="checkbox"/>                                                                  |            |  |

**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 Consolidated Union Pension Plan  
LafargeHolcim US Hourly Pension Plan (Steelworkers)  
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)

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**Modified Cash Basis Financial Report**  
**December 31, 2020**

## **Holcim Participations (US) Inc. Defined Benefit Plans**

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## **Contents**

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|                                                                                                     |             |
|-----------------------------------------------------------------------------------------------------|-------------|
| <b>Independent Auditor's Report</b>                                                                 | <b>1-2</b>  |
| <b>Statements of Net Assets Available for Benefits - Modified Cash Basis</b>                        | <b>3-4</b>  |
| <b>Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis</b>             | <b>5-6</b>  |
| <b>Statements of Accumulated Plan Benefits - Modified Cash Basis</b>                                | <b>7</b>    |
| <b>Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis</b>                     | <b>8</b>    |
| <b>Notes to Modified Cash Basis Financial Statements</b>                                            | <b>9-19</b> |
| <b>Schedule of Assets Held at End of Year - Modified Cash Basis - LafargeHolcim US Pension Plan</b> | <b>20</b>   |

## 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 Consolidated Union Pension Plan (formerly known as LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)); LafargeHolcim US Hourly Pension Plan (Steelworkers); 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, 2020 and 2019 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, 2019 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, 2020 and 2019 that the information provided to the plan administrator is complete and accurate.

### ***Disclaimer of Opinion***

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

To the Benefit Plan Design Committee  
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 schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

***Other Matter***

The modified cash basis supplemental schedule of assets held at end of year - LafargeHolcim US Pension Plan as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

*Plante & Moreau, PLLC*

Toledo, Ohio  
October 4, 2021

## Holcim Participations (US) Inc. Defined Benefit Plans

### Statements of Net Assets Available for Benefits - Modified Cash Basis

|                                                                                      | December 31, 2020             |                                                  |                                                     |                                                            |                                                                              |                                                                               |                                                                                          |
|--------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                      | LafargeHolcim US Pension Plan | LafargeHolcim US Consolidated Union Pension Plan | LafargeHolcim US Hourly Pension Plan (Steelworkers) | 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)                                                                  |
| <b>Assets</b>                                                                        |                               |                                                  |                                                     |                                                            |                                                                              |                                                                               |                                                                                          |
| Investments - At fair value: (Note 5)                                                |                               |                                                  |                                                     |                                                            |                                                                              |                                                                               |                                                                                          |
| Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust:      |                               |                                                  |                                                     |                                                            |                                                                              |                                                                               |                                                                                          |
| Common/collective trust funds                                                        | \$ 243,988,785                | \$ 17,749,662                                    | \$ -                                                | \$ -                                                       | \$ -                                                                         | \$ -                                                                          | \$ 261,738,447                                                                           |
| Limited partnerships and real estate                                                 |                               |                                                  |                                                     |                                                            |                                                                              |                                                                               |                                                                                          |
| Investment trust                                                                     | 51,942,105                    | 3,778,677                                        | -                                                   | -                                                          | -                                                                            | -                                                                             | 55,720,782                                                                               |
| Fixed-income corporate securities                                                    | 332,917,103                   | 24,219,038                                       | -                                                   | -                                                          | -                                                                            | -                                                                             | 357,136,141                                                                              |
| Fixed-income governmental securities                                                 | 292,455,978                   | 21,275,546                                       | -                                                   | -                                                          | -                                                                            | -                                                                             | 313,731,524                                                                              |
| Interest-bearing cash                                                                | 25,057,163                    | 1,822,855                                        | -                                                   | -                                                          | -                                                                            | -                                                                             | 26,880,018                                                                               |
| Accrued income and other receivables                                                 | 4,832,493                     | 351,554                                          | -                                                   | -                                                          | -                                                                            | -                                                                             | 5,184,047                                                                                |
| Securities lending collateral                                                        | 149,415,225                   | 10,869,638                                       | -                                                   | -                                                          | -                                                                            | -                                                                             | 160,284,863                                                                              |
| Payables and unsettled trades                                                        | (20,920,544)                  | (1,521,925)                                      | -                                                   | -                                                          | -                                                                            | -                                                                             | (22,442,469)                                                                             |
| Payable under securities lending agreement                                           | (149,415,225)                 | (10,869,638)                                     | -                                                   | -                                                          | -                                                                            | -                                                                             | (160,284,863)                                                                            |
| Plan's total interest in the Holcim Participations (US) Inc. Master Retirement Trust | 930,273,083                   | 67,675,407                                       | -                                                   | -                                                          | -                                                                            | -                                                                             | 997,948,490                                                                              |
| Investments at contract value                                                        | 95,965                        | -                                                | -                                                   | -                                                          | -                                                                            | -                                                                             | 95,965                                                                                   |
| <b>Net Assets Available for Benefits</b>                                             | <b>\$ 930,369,048</b>         | <b>\$ 67,675,407</b>                             | <b>\$ -</b>                                         | <b>\$ -</b>                                                | <b>\$ -</b>                                                                  | <b>\$ -</b>                                                                   | <b>\$ 998,044,455</b>                                                                    |

## Holcim Participations (US) Inc. Defined Benefit Plans

### Statements of Net Assets Available for Benefits - Modified Cash Basis

|                                                                                            | December 31, 2019                   |                                                              |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                                            | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US<br>Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Steelworkers) | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Cement-<br>Boilermakers) | LafargeHolcim<br>US Pension<br>Plan for Hourly<br>Compensated<br>Employees<br>(Multi-Plant) | LafargeHolcim<br>US Pension<br>Plan for Hourly<br>Compensated<br>Employees<br>(Presque Isle) | LafargeHolcim<br>US Pension<br>Plan for Hourly<br>Compensated<br>Employees<br>(Aggregates<br>and Concrete) | Total<br>(Memorandum<br>Only) |
| <b>Assets</b>                                                                              |                                     |                                                              |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Investments - At fair value: (Note 5)                                                      |                                     |                                                              |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Plan's interest in the Holcim Participations<br>(US) Inc. Master Retirement Trust:         |                                     |                                                              |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Common/collective trust funds                                                              | \$ 463,112,122                      | \$ 10,215,376                                                | \$ 29,396,895                                                | \$ 25,339,041                                                           | \$ 15,343,157                                                                               | \$ 19,452,234                                                                                | \$ 12,030,229                                                                                              | \$ 574,889,054                |
| Limited partnerships and real estate                                                       |                                     |                                                              |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Investment trust                                                                           | 6,444,544                           | 142,154                                                      | 409,079                                                      | 352,611                                                                 | 213,511                                                                                     | 270,692                                                                                      | 167,409                                                                                                    | 8,000,000                     |
| Fixed-income corporate securities                                                          | 158,341,102                         | 3,492,704                                                    | 10,050,991                                                   | 8,663,585                                                               | 5,245,926                                                                                   | 6,650,847                                                                                    | 4,113,200                                                                                                  | 196,558,355                   |
| Fixed-income governmental securities                                                       | 141,608,850                         | 3,123,623                                                    | 8,988,882                                                    | 7,748,084                                                               | 4,691,578                                                                                   | 5,948,037                                                                                    | 3,678,549                                                                                                  | 175,787,603                   |
| Interest-bearing cash                                                                      | 19,337,588                          | 426,551                                                      | 1,227,489                                                    | 1,058,050                                                               | 640,665                                                                                     | 812,242                                                                                      | 502,329                                                                                                    | 24,004,914                    |
| Accrued income and other receivables                                                       | 3,716,556                           | 81,980                                                       | 235,915                                                      | 203,350                                                                 | 123,132                                                                                     | 156,108                                                                                      | 96,544                                                                                                     | 4,613,585                     |
| Payables and unsettled trades                                                              | (24,438,451)                        | (539,066)                                                    | (1,551,275)                                                  | (1,337,142)                                                             | (809,659)                                                                                   | (1,026,495)                                                                                  | (634,833)                                                                                                  | (30,336,921)                  |
| Plan's total interest in the Holcim<br>Participations (US) Inc. Master<br>Retirement Trust | 768,122,311                         | 16,943,322                                                   | 48,757,976                                                   | 42,027,579                                                              | 25,448,310                                                                                  | 32,263,665                                                                                   | 19,953,427                                                                                                 | 953,516,590                   |
| Investments at contract value                                                              | 97,992                              | -                                                            | -                                                            | -                                                                       | -                                                                                           | -                                                                                            | -                                                                                                          | 97,992                        |
| <b>Net Assets Available for Benefits</b>                                                   | <b>\$ 768,220,303</b>               | <b>\$ 16,943,322</b>                                         | <b>\$ 48,757,976</b>                                         | <b>\$ 42,027,579</b>                                                    | <b>\$ 25,448,310</b>                                                                        | <b>\$ 32,263,665</b>                                                                         | <b>\$ 19,953,427</b>                                                                                       | <b>\$ 953,614,582</b>         |

## Holcim Participations (US) Inc. Defined Benefit Plans

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

|                                                            | Year Ended December 31, 2020     |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                            | LafargeHolcim<br>US Pension Plan | LafargeHolcim<br>US Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Steelworkers) | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Cement-<br>Boilermakers) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Multi-Plant) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Presque Isle) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Aggregates and<br>Concrete) | Total<br>(Memorandum<br>Only) |
| <b>Additions</b>                                           |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Contributions                                              | \$ 112,500,000                   | \$ -                                                      | \$ -                                                         | \$ 3,500,000                                                            | \$ -                                                                                        | \$ -                                                                                         | \$ -                                                                                                       | \$ 116,000,000                |
| Investment income: (Note 5)                                |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Interest and dividends                                     | 11,073                           | -                                                         | -                                                            | -                                                                       | -                                                                                           | -                                                                                            | -                                                                                                          | 11,073                        |
| Plan's interest in the Holcim<br>Participations (US) Inc.  |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Master Retirement Trust                                    |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| investment gain - Net of                                   |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| investment expenses                                        | 114,926,050                      | 2,009,182                                                 | 5,244,349                                                    | 3,952,276                                                               | 2,735,386                                                                                   | 3,462,884                                                                                    | 2,143,874                                                                                                  | 134,474,001                   |
| Other income                                               | 222,750                          | -                                                         | -                                                            | -                                                                       | -                                                                                           | -                                                                                            | -                                                                                                          | 222,750                       |
| <b>Total additions</b>                                     | <b>227,659,873</b>               | <b>2,009,182</b>                                          | <b>5,244,349</b>                                             | <b>7,452,276</b>                                                        | <b>2,735,386</b>                                                                            | <b>3,462,884</b>                                                                             | <b>2,143,874</b>                                                                                           | <b>250,707,824</b>            |
| <b>Deductions</b>                                          |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Benefits paid directly to participants<br>or beneficiaries | 61,123,783                       | 977,254                                                   | 2,857,607                                                    | 2,767,715                                                               | 1,429,238                                                                                   | 1,767,889                                                                                    | 1,178,706                                                                                                  | 72,102,192                    |
| Purchase of annuity<br>contracts (Note 2)                  | -                                | 10,455,183                                                | 31,487,461                                                   | 35,995,203                                                              | 16,445,882                                                                                  | 21,249,094                                                                                   | 12,815,325                                                                                                 | 128,448,148                   |
| Administrative expenses                                    | 4,387,345                        | 164,467                                                   | 295,123                                                      | 402,993                                                                 | 194,357                                                                                     | 138,049                                                                                      | 145,277                                                                                                    | 5,727,611                     |
| <b>Total deductions</b>                                    | <b>65,511,128</b>                | <b>11,596,904</b>                                         | <b>34,640,191</b>                                            | <b>39,165,911</b>                                                       | <b>18,069,477</b>                                                                           | <b>23,155,032</b>                                                                            | <b>14,139,308</b>                                                                                          | <b>206,277,951</b>            |
| <b>Transfers In (Note 9)</b>                               | -                                | 60,319,807                                                | -                                                            | -                                                                       | 3,815                                                                                       | -                                                                                            | -                                                                                                          | 60,323,622                    |
| <b>Transfers Out (Note 9)</b>                              | -                                | -                                                         | (19,362,134)                                                 | (10,313,944)                                                            | (10,118,034)                                                                                | (12,571,517)                                                                                 | (7,957,993)                                                                                                | (60,323,622)                  |
| <b>Net Increase (Decrease)</b>                             | <b>162,148,745</b>               | <b>50,732,085</b>                                         | <b>(48,757,976)</b>                                          | <b>(42,027,579)</b>                                                     | <b>(25,448,310)</b>                                                                         | <b>(32,263,665)</b>                                                                          | <b>(19,953,427)</b>                                                                                        | <b>44,429,873</b>             |
| <b>Net Assets Available for Benefits</b>                   |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Beginning of year                                          | 768,220,303                      | 16,943,322                                                | 48,757,976                                                   | 42,027,579                                                              | 25,448,310                                                                                  | 32,263,665                                                                                   | 19,953,427                                                                                                 | 953,614,582                   |
| End of year                                                | <b>\$ 930,369,048</b>            | <b>\$ 67,675,407</b>                                      | <b>\$ -</b>                                                  | <b>\$ -</b>                                                             | <b>\$ -</b>                                                                                 | <b>\$ -</b>                                                                                  | <b>\$ -</b>                                                                                                | <b>\$ 998,044,455</b>         |

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

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, 2019                |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                       | LafargeHolcim<br>US Pension Plan | LafargeHolcim<br>US Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Steelworkers) | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Cement-<br>Boilermakers) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Multi-Plant) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Presque Isle) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Aggregates and<br>Concrete) | Total<br>(Memorandum<br>Only) |
| <b>Actuarial Present Value of<br/>Accumulated Plan Benefits</b>       |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Vested benefits:                                                      |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Participants currently receiving<br>benefit payments                  | \$ 469,440,389                   | \$ 9,652,203                                              | \$ 27,218,464                                                | \$ 31,370,270                                                           | \$ 15,016,610                                                                               | \$ 18,589,086                                                                                | \$ 11,769,222                                                                                              | \$ 583,056,244                |
| Participating employees                                               | 266,997,834                      | -                                                         | 9,906,274                                                    | 3,665,226                                                               | 843,871                                                                                     | 5,636,570                                                                                    | 1,204,157                                                                                                  | 288,253,932                   |
| Participants with deferred<br>benefits                                | -                                | 2,500,217                                                 | 6,331,252                                                    | 5,446,314                                                               | 4,516,822                                                                                   | 643,317                                                                                      | 2,347,167                                                                                                  | 21,785,089                    |
| Total vested<br>benefits                                              | 736,438,223                      | 12,152,420                                                | 43,455,990                                                   | 40,481,810                                                              | 20,377,303                                                                                  | 24,868,973                                                                                   | 15,320,546                                                                                                 | 893,095,265                   |
| Nonvested benefits                                                    | 416,412                          | -                                                         | 881,919                                                      | 276,041                                                                 | 89,735                                                                                      | 302,317                                                                                      | 101,130                                                                                                    | 2,067,554                     |
| <b>Total Actuarial Present Value of<br/>Accumulated Plan Benefits</b> | <b>\$ 736,854,635</b>            | <b>\$ 12,152,420</b>                                      | <b>\$ 44,337,909</b>                                         | <b>\$ 40,757,851</b>                                                    | <b>\$ 20,467,038</b>                                                                        | <b>\$ 25,171,290</b>                                                                         | <b>\$ 15,421,676</b>                                                                                       | <b>\$ 895,162,819</b>         |

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, 2019                                                      |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
|-----------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                                   | LafargeHolcim<br>US Pension Plan | LafargeHolcim<br>US Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Steelworkers) | LafargeHolcim<br>US Hourly<br>Pension Plan<br>(Cement-<br>Boilermakers) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Multi-Plant) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Presque Isle) | LafargeHolcim<br>US Pension Plan<br>for Hourly<br>Compensated<br>Employees<br>(Aggregates and<br>Concrete) | Total<br>(Memorandum<br>Only) |
| <b>Actuarial Present Value of<br/>Accumulated Plan Benefits -</b>                 |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Beginning of year                                                                 | \$ 684,479,092                   | \$ 11,396,669                                             | \$ 39,269,187                                                | \$ 36,829,595                                                           | \$ 18,661,018                                                                               | \$ 22,909,405                                                                                | \$ 14,650,304                                                                                              | \$ 828,195,270                |
| Increase (decrease) during the year<br>attributable to:                           |                                  |                                                           |                                                              |                                                                         |                                                                                             |                                                                                              |                                                                                                            |                               |
| Benefits accumulated                                                              | 37,714,153                       | 650,899                                                   | 2,272,875                                                    | 2,127,085                                                               | 1,069,576                                                                                   | 1,323,108                                                                                    | 842,295                                                                                                    | 45,999,991                    |
| Benefits payments                                                                 | (57,978,052)                     | (1,112,917)                                               | (2,816,909)                                                  | (2,797,088)                                                             | (1,694,176)                                                                                 | (1,740,560)                                                                                  | (1,242,219)                                                                                                | (69,381,921)                  |
| Assumption changes (Note 2)                                                       | 72,815,945                       | 1,304,373                                                 | 5,467,301                                                    | 4,793,114                                                               | 2,492,075                                                                                   | 2,779,743                                                                                    | 1,608,153                                                                                                  | 91,260,704                    |
| Other                                                                             | (176,503)                        | (86,604)                                                  | 145,455                                                      | (194,855)                                                               | (61,455)                                                                                    | (100,406)                                                                                    | (436,857)                                                                                                  | (911,225)                     |
| Net increase                                                                      | 52,375,543                       | 755,751                                                   | 5,068,722                                                    | 3,928,256                                                               | 1,806,020                                                                                   | 2,261,885                                                                                    | 771,372                                                                                                    | 66,967,549                    |
| <b>Actuarial Present Value of<br/>Accumulated Plan Benefits - End of<br/>year</b> | <b>\$ 736,854,635</b>            | <b>\$ 12,152,420</b>                                      | <b>\$ 44,337,909</b>                                         | <b>\$ 40,757,851</b>                                                    | <b>\$ 20,467,038</b>                                                                        | <b>\$ 25,171,290</b>                                                                         | <b>\$ 15,421,676</b>                                                                                       | <b>\$ 895,162,819</b>         |

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### 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 plan's provisions. The financial statements include the following plans (collectively, the "Plans").

- LafargeHolcim US Pension Plan (the "LHUSPP Plan")
- LafargeHolcim US Consolidated Union Pension Plan (the "Consolidated Union Plan") (formerly known as LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement))
- LafargeHolcim US Hourly Pension Plan (Steelworkers) (the "Steelworkers 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**

The Plans are sponsored by Holcim Participations (US) Inc. (the "Company"). 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.

Effective December 31, 2020, the Steelworkers Plan, Cement-Boilermakers Plan, Multi-Plant Plan, Presque Isle Plan, and Aggregates and Concrete Plan were merged into the LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement), and the plan was renamed LafargeHolcim US Consolidated Union Pension Plan (the "Consolidated Union Plan"). The benefits of each of the merged plans will continue to be subject to the provisions of the respective plans, which have been incorporated into the Consolidated Union Plan (see Note 9). The following provides descriptions of the plans prior to the mergers.

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### Note 1 - Plan Description (Continued)

The Consolidated Union Plan was established in 2002 and 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 Consolidated Union 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 Consolidated Union Plan.

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 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.

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.

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### Note 1 - Plan Description (Continued)

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, 2020 and 2019.

##### ***Party-in-interest Transactions***

Certain plan assets are in investment funds managed by 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 financial statements represents solely a total of the individual plans. This column is unaudited and is provided for information only.

##### ***Investment in Master Trust***

The Plans' investments are held in the Holcim Participations (US) 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, 2020 and 2019, assets in the Master Trust were held by The Northern Trust Company (Northern Trust). 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.

## Holcim Participations (US) Inc. Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2020 and 2019

#### Note 2 - Summary of Significant Accounting Policies (Continued)

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

##### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plans' provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

##### **Actuarial Assumptions**

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

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2019 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 | 4.75 percent per annum.                                                                                                                                                                                                                                                                                                                                                                   |
| Mortality basis        | Healthy: RP-2014 Table, with a 1.5 percent increase in mortality rates projected from base year 2006 with MP-2019 (except for the LHUSPP Plan and former BCIPP, which reflect a 2.9 percent decrease in mortality rates)<br><br>Disabled: RP-2014 Table projected from base year 2006 with MP-2019 (except for the LHUSPP Plan, which reflects a 2.9 percent decrease in mortality rates) |

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. The accumulated plan benefits as of December 31, 2019 do not reflect the purchase of the annuity contract (see discussion below) or the plan mergers (see Note 9).

The assumed rate of return changed from 5.75 percent at December 31, 2018 to 4.75 percent at December 31, 2019 for the LHUSPP Plan. The assumed rate of return changed from 6.00 percent at December 31, 2018 to 4.75 percent at December 31, 2019 for all other plans. The mortality improvement scale was changed from the MP-2018 scale at December 31, 2018 to the MP-2019 scale at December 31, 2019.

##### **Benefit Payments**

Benefits are recorded when paid.

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### Note 2 - Summary of Significant Accounting Policies (Continued)

##### ***Annuity Purchase***

In October 2020, Holcim Participations (US) Inc. purchased an annuity contract for a total of \$128,448,148 through the New York Life Insurance Company (New York Life) to settle the benefit obligations of certain participants currently receiving benefits from the following plans in the following amounts:

- Steelworkers Plan in the amount of \$31,487,461
- Consolidated Union Plan in the amount of \$10,455,183
- Cement-Boilermakers Plan in the amount of \$35,995,203
- Multi-Plant Plan in the amount of \$16,445,882
- Presque Isle Plan in the amount of \$21,249,094
- Aggregates and Concrete Plan in the amount of \$12,815,325

Such amounts are reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2020. Under this agreement, New York Life assumed the obligation to pay future pension benefits for the covered participants starting January 1, 2021. Additionally, in June 2021, the Consolidated Union Plan received a refund of \$1,200,874 from New York Life related to the annuity contract purchase.

##### ***Administrative Expenses***

Various administrative costs are paid by the Company.

##### ***Use of Estimates***

The preparation of financial statements in conformity with 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 October 4, 2021, which is the date the financial statements were available to be issued.

Subsequent to year end, the Plans entered into an agreement to purchase an annuity buy-in contract. Management believes there is no significant effect of the contract on the Plans' financial statements.

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### Note 3 - Unaudited Information

Northern Trust 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 Northern Trust.

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 results included in the accompanying financial statements other than the Master Trust investments and the unallocated contract, are based solely on information certified by Fidelity.

The LHUSPP Plan's investments in the unallocated contract totaling \$95,965 and \$97,992 at December 31, 2020 and 2019, respectively, and related investment income of \$4,905 and \$6,080 for the years ended December 31, 2020 and 2019, respectively, were not certified by Fidelity or Northern Trust.

#### Note 4 - Securities Lending

The Master Trust entered into a securities lending program with Northern Trust in 2020. This program allows Northern Trust to loan securities, which are assets of the Master Trust, to approved brokers (the "Borrowers"). Northern Trust requires the Borrowers, pursuant to a security loan agreement, to deliver collateral to secure each loan either in the form of cash or other securities. In the event of default by the Borrowers, Northern Trust shall indemnify the Master Trust by purchasing replacement securities equal to the number of unreturned loaned securities or, if replacement securities are not able to be purchased, Northern Trust shall credit the Master Trust for the fair market value of the loaned securities. In each case, Northern Trust would apply the proceeds from the collateral for such loans to make the Master Trust whole. The Master Trust had investment income of approximately \$81,000 from securities lending for the year ended December 31, 2020.

The cash collateral received pursuant to securities lending transactions is reflected as a liability on the statements of net assets available for benefits as of December 31, 2020. To the extent that a loan of securities is secured by cash collateral, such collateral is invested in a short-term investment fund managed by Northern Trust. The Master Trust bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in the fair value of the invested collateral. If applicable, this difference in value of the investments purchased with the cash collateral received and the amount due to the Borrowers upon return of securities on loan is recorded as an unrealized gain (loss).

Although the Master Trust's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of collateral received from the borrowers of the Master Trust's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

## Holcim Participations (US) Inc. Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2020 and 2019

#### Note 4 - Securities Lending (Continued)

The market value of securities on loan as of December 31, 2020 is shown in the following table by security type:

|                                      | Market Value of<br>Loaned Securities |
|--------------------------------------|--------------------------------------|
| U.S. agencies                        | \$ 797,917                           |
| Fixed-income corporate securities    | 5,209,891                            |
| Fixed-income governmental securities | 155,535,344                          |
| Total                                | <u>\$ 161,543,152</u>                |

The total value of the cash and noncash collateral received by the Master Trust at December 31, 2020 was \$160,284,863 and \$4,193,320, respectively. The noncash collateral is excluded from the net assets of the Master Trust as of December 31, 2020, as it is not permitted to be sold or repledged.

#### Note 5 - Investments

With the exception of the unallocated contract held by the LHUSPP Plan, the Plans' investments are in the Master Trust, which was established for the investment of assets of the Plans. 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, 2020 and 2019, the Plans' respective interests in the Master Trust were as follows:

|                         | 2020           | 2019           |
|-------------------------|----------------|----------------|
| LHUSPP                  | 93.2 %         | 80.6 %         |
| Steelworkers            | -              | 5.1            |
| Consolidated Union Plan | 6.8            | 1.8            |
| Cement-Boilermakers     | -              | 4.4            |
| Multi-Plant             | -              | 2.6            |
| Presque Isle            | -              | 3.4            |
| Aggregates and Concrete | -              | 2.1            |
| Total                   | <u>100.0 %</u> | <u>100.0 %</u> |

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 Master Trust has the ability to access.

##### Level 2

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

# Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

## Note 5 - Investments (Continued)

### **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 Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

### **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 Partnerships**

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

## Holcim Participations (US) Inc. Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2020 and 2019

#### Note 5 - Investments (Continued)

Each plan's interest in the net assets of the Master Trust is presented in the accompanying financial statements. The following tables present information about the Master Trust's investments at December 31, 2020 and 2019:

| Master Trust Net Assets at December 31, 2020         |                  |         |                |
|------------------------------------------------------|------------------|---------|----------------|
|                                                      | Investments      | Level 1 | Level 2        |
| Investments at fair value:                           |                  |         |                |
| Fixed-income securities:                             |                  |         |                |
| Government                                           | \$ 313,731,524   | \$ -    | \$ 313,731,524 |
| Corporate                                            | 357,136,141      | -       | 357,136,141    |
| Securities lending collateral                        | 160,284,863      | -       | 160,284,863    |
| Interest-bearing cash                                | 26,880,018       | -       | 26,880,018     |
| Total                                                | 858,032,546      | \$ -    | \$ 858,032,546 |
| Investments measured at NAV:                         |                  |         |                |
| Common/collective trust funds                        | 261,738,447      |         |                |
| Limited partnership and real estate investment trust | 55,720,782       |         |                |
| Total master trust investments                       | \$ 1,175,491,775 |         |                |
| 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   |         |                |

#### **Investments in Entities that Calculate Net Asset Value per Share**

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

The unfunded commitments and redemption restrictions for investments at December 31, 2020 and 2019 are as follows:

- Common/collective trust fund investments with a fair value of \$38,436,305 and \$35,000,000 at December 31, 2020 and 2019, respectively, 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.

## Holcim Participations (US) Inc. Defined Benefit Plans

### Notes to Modified Cash Basis Financial Statements

December 31, 2020 and 2019

#### Note 5 - Investments (Continued)

- The limited partnership investment with American Strategic Realty with a fair value of \$1,371,304 and \$500,000 at December 31, 2020 and 2019, respectively, had unfunded commitments of \$8,640,000 and \$9,500,000 at December 31, 2020 and 2019, respectively. 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 limited partnership investment with Barings Real Estate Property Fund had a fair value of \$39,324,291 at December 31, 2020 and no unfunded commitments. Requests for redemption of shares may be made quarterly with 60 days' written notice prior to the last business day of the quarter. 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 \$15,025,187 and \$7,500,000 at December 31, 2020 and 2019, respectively, had unfunded commitments of \$0 and \$7,500,000 at December 31, 2020 and 2019, respectively. 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 for the Master Trust for the years ended December 31, 2020 and 2019 is as follows:

|                                                             | 2020                  | 2019                  |
|-------------------------------------------------------------|-----------------------|-----------------------|
| Net realized and unrealized gains and losses on investments | \$ 118,010,935        | \$ 146,855,415        |
| Interest and dividends                                      | 16,463,066            | 10,305,255            |
| Total                                                       | <u>\$ 134,474,001</u> | <u>\$ 157,160,670</u> |

#### Note 6 - Tax Status

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

## Holcim Participations (US) Inc. Defined Benefit Plans

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### Notes to Modified Cash Basis Financial Statements

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December 31, 2020 and 2019

#### Note 7 - 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 8 - Nonexempt Transactions

During 2017, the LafargeHolcim US Pension Plan made an inadvertent loan to the Company. The inadvertent loan was repaid in 2018, and the Company paid lost earnings in 2019.

#### Note 9 - Plan Mergers

Effective December 31, 2020, the following five plans merged and combined with the LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement), which was then renamed to LafargeHolcim US Consolidated Union Pension Plan:

- LafargeHolcim US Hourly Pension Plan (Steelworkers)
- 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)

Accordingly, all participants, assets, and related accumulated plan benefits of the Plans were transferred to the LafargeHolcim US Consolidated Union Pension Plan in 2020. The asset transfers are reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2020. The accumulated plan benefits at December 31, 2019 do not reflect the impact of the plan mergers.

Schedule SB Attachment (Form 5500)—2020 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, 2020

| Attained Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|              | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          |                           | 1   |     |       |       |       |       |       |       |     |
| 25-29        |                           | 7   |     |       |       |       |       |       |       |     |
| 30-34        |                           | 1   | 2   | 1     |       |       |       |       |       |     |
| 35-39        |                           | 1   | 2   | 4     |       |       |       |       |       |     |
| 40-44        |                           | 2   | 2   | 3     | 1     | 3     |       |       |       |     |
| 45-49        |                           | 1   | 3   | 1     | 1     | 1     | 1     |       |       |     |
| 50-54        |                           |     | 1   | 2     | 1     | 4     | 1     | 1     |       |     |
| 55-59        |                           |     |     | 1     | 1     | 3     | 3     | 1     | 1     |     |
| 60-64        |                           |     |     |       | 1     | 3     | 2     | 1     |       |     |
| 65-69        |                           |     |     |       |       | 2     |       |       |       |     |
| 70+          |                           |     |     |       |       |       |       |       |       |     |

N-76

Schedule SB Attachment (Form 5500)—2020 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 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor                                 |
| 1st Segment Rate                                                          | 3.64%                                                                                                                                                                                                     |
| 2nd Segment Rate                                                          | 5.21%                                                                                                                                                                                                     |
| 3rd Segment Rate                                                          | 5.94%                                                                                                                                                                                                     |
| Interest Rates for Maximum Tax Purposes                                   | Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization                                                                                   |
| 1st Segment Rate                                                          | 2.79%                                                                                                                                                                                                     |
| 2nd Segment Rate                                                          | 3.92%                                                                                                                                                                                                     |
| 3rd Segment Rate                                                          | 4.38%                                                                                                                                                                                                     |
| Optional Payment Form Election Percentage                                 | 40% life annuity<br>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);<br><br>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                                                      | 2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26                                                                                             |
| Withdrawal Rates                                                          | See Table 2                                                                                                                                                                                               |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 \$230,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2018 Plan Year                                | 6.50%, limited to 6.29%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2019 Plan Year                                | 6.50%, limited to 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2020 Plan Year                                | 5.25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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, 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Table 1—Page 1

**Retirement Rates**

| <b>Age</b> | <b>Years of Service</b> |            |
|------------|-------------------------|------------|
|            | <b>0-29</b>             | <b>30+</b> |
| 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%    |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 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%       |            |             |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Table 3

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 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%        |            |             |               |

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► 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.

|                                                                                                                                                         |                                         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| <b>A</b> Name of plan<br>LAFARGEHOLCIM US HOURLY PENSION PLAN (CEMENT-BOILERMAKERS)                                                                     | <b>B</b> Three-digit plan number (PN) ► | 019 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Holcim Participations (US) Inc.                                             |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>54-1527022                                                                                             |                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                         |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                         |     |

| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 45,346,655                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 42,993,294                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 383                        | 31,080,704                | 31,080,704               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 153                        | 4,724,157                 | 4,724,157                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 76                         | 3,294,551                 | 3,563,660                |
| <b>d</b> Total .....                                                                                                                                                                                            | 612                        | 39,099,412                | 39,368,521               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.36%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 210,000                   |                          |

**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.

|                      |                                                            |                                        |
|----------------------|------------------------------------------------------------|----------------------------------------|
| <b>SIGN<br/>HERE</b> | Al-Karim Alidina                                           | 09/29/2021                             |
|                      | Signature of actuary                                       | Date                                   |
|                      | Al-Karim Alidina                                           | 2006110                                |
|                      | Type or print name of actuary                              | Most recent enrollment number          |
|                      | Aon Consulting, Inc.                                       | 202-223-0673                           |
|                      | Firm name                                                  | Telephone number (including area code) |
|                      | 2001 K Street NW<br>Suite 625 North<br>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 ☐

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

Schedule SB (Form 5500) 2020  
v. 200204

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>24.49%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 3,831,680              |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51%</u> ..... |                       | 211,126                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 4,042,806              |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 4,042,805              |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 4,042,805              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 98.93%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.77% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 94.87%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.64 % | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 210,000       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 418,032             | 165,114       |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 375,114       |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 512,114             | 512,114       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>         |                     | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         |                     | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was issued on September 24, 2020. The Value of Plan Assets and Prefunding Balance were updated to reflect additional contributions for the prior plan year made after the date of the AFTAP certification. The inputs used for the original AFTAP as well as the final results reported on the Schedule SB are as follows:

|                                    | <b>AFTAP</b>  | <b>Schedule SB</b> |
|------------------------------------|---------------|--------------------|
| Funding Target                     | \$ 39,368,521 | \$ 39,368,521      |
| Value of Plan Assets               | \$ 39,674,207 | \$ 42,993,294      |
| Funding Standard Carryover Balance | \$ 0          | \$ 0               |
| Prefunding Balance                 | \$ 723,718    | \$ 4,042,805       |
| AFTAP                              | 100.77%       | 109.20%            |

Schedule SB Attachment (Form 5500)—2020 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 0-29 Service |         |        |                 | Years of 30+ Service |         |        |                             |
|-----------------------|---------|--------|-----------------|----------------------|---------|--------|-----------------------------|
| (a)                   | (b)     | (c)    | (d) Product     | (a)                  | (b)     | (c)    | (d) Product (a) × (b) × (c) |
| Age                   | Rate    | Weight | (a) × (b) × (c) | Age                  | Rate    | Weight | (a) × (b) × (c)             |
| 50.5                  | 0.00%   | 1.0000 | 0.00            | 50.5                 | 3.00%   | 1.0000 | 1.52                        |
| 51.5                  | 0.00%   | 1.0000 | 0.00            | 51.5                 | 3.00%   | 0.9700 | 1.50                        |
| 52.5                  | 0.00%   | 1.0000 | 0.00            | 52.5                 | 3.00%   | 0.9409 | 1.48                        |
| 53.5                  | 0.00%   | 1.0000 | 0.00            | 53.5                 | 3.00%   | 0.9127 | 1.46                        |
| 54.5                  | 0.00%   | 1.0000 | 0.00            | 54.5                 | 3.00%   | 0.8853 | 1.45                        |
| 55.5                  | 10.00%  | 1.0000 | 5.55            | 55.5                 | 10.00%  | 0.8587 | 4.77                        |
| 56.5                  | 5.00%   | 0.9000 | 2.54            | 56.5                 | 10.00%  | 0.7729 | 4.37                        |
| 57.5                  | 5.00%   | 0.8550 | 2.46            | 57.5                 | 10.00%  | 0.6956 | 4.00                        |
| 58.5                  | 5.00%   | 0.8123 | 2.38            | 58.5                 | 10.00%  | 0.6260 | 3.66                        |
| 59.5                  | 5.00%   | 0.7716 | 2.30            | 59.5                 | 10.00%  | 0.5634 | 3.35                        |
| 60.5                  | 5.00%   | 0.7331 | 2.22            | 60.5                 | 25.00%  | 0.5071 | 7.67                        |
| 61.5                  | 15.00%  | 0.6964 | 6.42            | 61.5                 | 25.00%  | 0.3803 | 5.85                        |
| 62.5                  | 25.00%  | 0.5919 | 9.25            | 62.5                 | 50.00%  | 0.2852 | 8.91                        |
| 63.5                  | 25.00%  | 0.4440 | 7.05            | 63.5                 | 50.00%  | 0.1426 | 4.53                        |
| 64.5                  | 25.00%  | 0.3330 | 5.37            | 64.5                 | 50.00%  | 0.0713 | 2.30                        |
| 65.5                  | 50.00%  | 0.2497 | 8.18            | 65.0                 | 100.00% | 0.0357 | 2.32                        |
| 66.5                  | 50.00%  | 0.1249 | 4.15            | 66.0                 | 100.00% | 0.0000 | 0.00                        |
| 67.0                  | 100.00% | 0.0624 | 4.18            | 67.0                 | 100.00% | 0.0000 | 0.00                        |
| Weighted Average      |         |        | 62.05           | Weighted Average     |         |        | 59.14                       |

**Weighted Average Retirement Age**

| Group                                       | Number of Participants Exposed | Weighted Average Retirement Age |
|---------------------------------------------|--------------------------------|---------------------------------|
| Cement-Boilermakers Years of Service - 0-29 | 34                             | 62.05                           |
| Cement-Boilermakers Years of Service - 30+  | 42                             | 59.14                           |
| Total                                       | 76                             | 60.44                           |

Schedule SB Attachment (Form 5500)—2020 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 July 9, 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Eligibility for Participation | <p>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:</p> <ol style="list-style-type: none"><li>1. Local Lodge No. D-75 at the Fredonia, Kansas Plant (Sold)</li><li>2. Local Lodge No. D-375 at the Paulding, Ohio Plant (freeze date: February 7, 2017)</li><li>3. Local Lodge No. D-421 at the Tulsa, Oklahoma Plant (Sold)</li><li>4. Local Lodge No. D-27 at the Sugar Creek, Missouri Plant (Sold)</li><li>5. Local Lodge No. D-6 at the Davenport, Iowa Plant (Sold)</li><li>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)</li><li>7. Local Lodge No. D-37 at the Vancouver, Washington Plant (decertified)</li><li>8. Local Lodge at the Waukegan, Illinois Terminal (Shutdown)</li></ol> |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

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:

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 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:

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 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:

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 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.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

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

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 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:

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 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:

| <b><u>Effective Date</u></b> | <b><u>Multiplier</u></b> |
|------------------------------|--------------------------|
| 01/01/2010                   | \$32.00                  |
| 05/01/2011                   | \$33.00                  |
| 05/01/2012                   | \$35.50                  |
| 05/01/2013                   | \$38.00                  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

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

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 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:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 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.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability Eligibility                | Totally and permanently disabled with 10 or more years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Benefit                               | <p>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.</p> <p>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.</p> |
| 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 62 <sup>nd</sup> 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             | <p>Single life annuity<br/>10 year certain and life annuity<br/>66-2/3% joint and survivor annuity<br/>75% joint and survivor annuity<br/>100% joint and survivor annuity<br/>Lump sum if the present value of the total benefit is less than \$7,500<br/>An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000</p>                                                                                                                                                                                                       |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

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)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. On September 24, 2021 Holcim Participations (US) Inc. made an explicit election not to apply the ARPA interest rate stabilization (for any purposes) to the LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers) for the 2020 plan year. Therefore, this Schedule SB reflects stabilized 2020 minimum funding interest rates without regard to ARPA.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 435,858                   | January 1, 2017  | 4               | \$ 114,876               |
| Shortfall    | \$ 796,898                   | January 1, 2018  | 5               | \$ 170,975               |
| Shortfall    | \$ 510,952                   | January 1, 2019  | 6               | \$ 93,983                |
| Shortfall    | \$ (1,325,676)               | January 1, 2020  | 7               | \$ (214,720)             |

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief applies starting with the 2022 plan year. This Schedule SB reflects the shortfall amortization bases without regard to the ARPA shortfall relief for the 2019 and 2020 plan years.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)  
EIN: 54-1527022 PN: 019

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- The expected return on assets was updated from 6.50% to 5.25% as of January 1, 2020.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required