Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 028

1c Effective date of plan 07/01/1974

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

24275 KATY FREEWAY
SUITE 600
KATY, TX 77494-7271

24275 KATY FREEWAY
SUITE 600
KATY, TX 77494-7271

2b Employer Identification Number (EIN) 23-0958670

2c Plan Sponsor's telephone number 301-682-0600

2d Business code (see instructions) 212320

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	DEAN CASTLEBERRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1240
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	290
a(2) Total number of active participants at the end of the plan year	**6a(2)**	244
b Retired or separated participants receiving benefits	**6b**	567
c Other retired or separated participants entitled to future benefits	**6c**	154
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	965
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	227
f Total. Add lines **6d** and **6e**	**6f**	1192
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MANULIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
01-0233346	70211	VARIOUS	1	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	111990361
b Actuarial value	**2b**	107811769

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	811	83128495	81128495
b For terminated vested participants	144	4959023	4959023
c For active participants	290	29035424	29899876
d Total	1245	117122942	115987394

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.66 %
6 Target normal cost	**6**	1828889

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

ROBERT S. PRICE JR.

Type or print name of actuary

20-05794

Most recent enrollment number

AON CONSULTING, INC.

Firm name

404-261-3400

Telephone number (including area code)

3350 LENOX ROAD, SUITE 1700
ATLANTA, GA 30326

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		10972
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		10972
10	Interest on line 9 using prior year's actual return of 18.00 %		1975
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1319911
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46 %		72067
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		1391978
d	Portion of (c) to be added to prefunding balance		1391978
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1404925

Part III Funding Percentages

14	Funding target attainment percentage	14	90.18 %
15	Adjusted funding target attainment percentage	15	90.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.25 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2020	1300000				
07/14/2020	1300000				
10/13/2020	1300000				
01/14/2021	1300000				
			Totals ► 18(b)	5200000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5015450

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	1828889
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11580550	1136697
b Waiver amortization installment		

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**	2965586

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2965586
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5015450

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2049864
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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**	

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

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

A Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST COMPANY

36-1561860

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

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

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

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

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

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

AON CONSULTING

3550 LENOX ROAD, SUITE 1700
ATLANTA, GA 30326

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		720409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		127743	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38		110623	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RYAN LABS ASSET MANAGEMENT

47-3503928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	89907	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

50 LASALLE STREET
CHICAGO, IL 60603

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	80790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELTON & MELTON LLP

74-1550819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		11000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GILMORE JASION MAHLER LTD

34-1827159

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		10050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST COMPANY

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)
45-6138589-069	C	1020416

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1575000	1300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	320188	325754
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	285648	0
(2) U.S. Government securities	1c(2)	11544178	8572041
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4506972	
(B) All other	1c(3)(B)	26988117	40877092
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1076799	1020416
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	65708646	69767924
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	17103	17000

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	112022651	121880227
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	112022651	121880227

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	5200000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5200000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	214	
	(B) U.S. Government securities	2b(1)(B)	48366	
	(C) Corporate debt instruments	2b(1)(C)	1203051	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	13825	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1265456
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1201174	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1201174
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	26638555	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	25561530	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1077025
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	3005057	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3005057

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10023
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		8711749
c Other income	2c		-103
d Total income. Add all **income** amounts in column (b) and enter total	2d		20470381
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8648257	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8648257
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)		
(2) Contract administrator fees	2i(2)	1060614	
(3) Investment advisory and management fees	2i(3)	89907	
(4) Other	2i(4)	814027	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1964548
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10612805
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9857576
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: MELTON & MELTON LLP **(2)** EIN: 74-1550819

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.) ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

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** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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** |

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 58.0 % Investment-Grade Debt: 41.1 % High-Yield Debt: 0.9 % 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_____

U.S. SILICA COMPANY RETIREMENT PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULES

AS OF

DECEMBER 31, 2020 AND 2019

AND INDEPENDENT AUDITOR'S REPORTS

MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

U.S. SILICA COMPANY RETIREMENT PLAN

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All other schedules required by the Employee Retirement Income Security Act of 1974 are not applicable and have been omitted.

MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
U.S. Silica Company Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of U.S. Silica Company Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2020, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

6002 Rogerdale, Ste. 200 Houston, Texas 77072 Tel 281-759-1120 Fax 281-759-5500

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year), schedule H, line 4i – schedule of assets (acquired and disposed of within year), and schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2020 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Melton + Melton, LLP

Houston, Texas
October 12, 2021

MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
U.S. Silica Company Retirement Plan

Report on the 2019 Financial Statement

We were engaged to audit the accompanying statement of net assets available for benefits of U.S. Silica Company Retirement Plan (the "Plan") as of December 31, 2019, and the related notes to the financial statement.

Management's Responsibility for the 2019 Financial Statement

Management is responsible for the preparation and fair presentation of the 2019 financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2019 financial statement based on conducting the audit 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2019 financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 that the information provided to the plan administrator by the trustee 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 on the 2019 financial statement. Accordingly, we do not express an opinion on the 2019 financial statement.

6002 Rogerdale, Ste. 200 Houston, Texas 77072 Tel 281-759-1120 Fax 281-759-5500

Report on Form and Content in Compliance with DOL Rules and Regulations for the 2019 Financial Statement

The form and content of the information included in the 2019 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Melton & Melton, LLP

Houston, Texas
October 12, 2021

U.S. SILICA COMPANY RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
Investments, at fair value:		
Mutual funds	$ 69,767,924	$ 65,708,646
Corporate bonds and notes	40,877,092	31,495,089
Government securities	8,572,041	11,544,178
Collective trust fund	1,020,416	1,076,799
Money market fund	-	285,648
Life insurance contracts	17,000	17,103
Total investments, at fair value	120,254,473	110,127,463
Receivables:		
Employer contributions	1,300,000	1,575,000
Accrued interest	325,754	320,188
Total receivables	1,625,754	1,895,188
Net assets available for benefits	**$ 121,880,227**	**$ 112,022,651**

(See accompanying notes to financial statements)

U.S. SILICA COMPANY RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2020

Additions to Net Assets Attributable to:	
Investment income:	
Net appreciation in fair value of investments	$ 12,793,729
Interest and dividends	2,476,652
	15,270,381
Employer contributions	5,200,000
Deductions from Net Assets Attributable to:	
Benefits paid to participants	8,648,257
Administrative expenses	1,964,548
	10,612,805
Change in net assets available for benefits	9,857,576
Net Assets Available for Benefits at:	
Beginning of year	112,022,651
End of year	**$ 121,880,227**

(See accompanying notes to financial statements)

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the U.S. Silica Company Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering certain hourly and salaried employees of U.S. Silica Company (USS), as well as salaried employees of Better Materials Corporation (BMC), a previously affiliated company. As union contracts were renewed, USS eliminated the Plan for all new hires, the last being effective June 1, 2009. Non-union hourly new hires have not been admitted into the Plan since January 1, 2008. USS salaried participants in the Plan consist of employees who had attained the age of 40 and had more than 10 years of credited service as of December 31, 1997. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Mergers

In May 2019, USS purchased EP Minerals, LLC (Minerals). As a result, effective December 1, 2019, the Minerals Salaried Pension Plan and Minerals Hourly Pension Plan (collectively, the "Minerals Plans") were merged into the Plan. Each participant in the Minerals Plans will continue to be governed by the benefit formulas and other terms and conditions that were in effect as of November 30, 2019. The Minerals Plans' merged assets were being held by Comerica Bank (Comerica) as of December 31, 2019. In January 2020, the assets were transferred out of Comerica and combined with the assets of the Plan being held at The Northern Trust Company (Northern Trust).

Plan Administration

The U.S. Silica Retirement Plan Committee (the "Committee") is responsible for the general administration of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. Northern Trust serves as the trustee of the Plan's assets. Comerica served as the custodian of certain Plan assets until January 2020. Actuarial services for the Plan are provided by AON.

Pension Benefits

USS and BMC Hourly

Upon reaching normal retirement age (65), USS hourly participants are entitled to a monthly pension benefit based on the applicable benefit rate times the years of credited service. The Plan permits early retirement at the attainment of age 55 and completion of 15 years of credited service. Unless a participant who is married at the time of retirement elects otherwise, they receive an actuarially reduced pension benefit during their life with the provision that after death, their spouse will receive one-half of the reduced pension benefit.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

USS and BMC Salaried

Upon reaching normal retirement age (65), USS salaried employees, other than those of BMC, are entitled to an annual benefit equal to the sum of 1.35% of final average earnings below the covered compensation amount, plus 1.85% of final average earnings above the covered compensation amount, times the years of benefit service, up to 35 years. For purposes of this calculation, final average earnings means the highest 5 consecutive calendar year average earnings out of the last 10 calendar years of employment prior to retirement or termination. Covered compensation amount generally means the average amount of compensation, which will be taken into account in Social Security calculations, excluding certain bonuses. This amount depends on the age and year of retirement. BMC employees who reach retirement age are entitled to an annual benefit equal to 0.65% of average earnings (including bonus) times years of benefit service up to 35 years. BMC employees may elect a single sum distribution within certain limitations.

The Plan generally permits early retirement at attainment of age 55 and completion of 10 years of credited service. A member who has not reached normal retirement date, but who is 55 years of age and has completed 20 years of credited service is eligible to retire on an early retirement pension and receive a supplement of $350 per month until the age of 62. Unless a participant who is married at the time of retirement elects otherwise, the benefit will be paid in the form of a joint and survivor annuity option. For active participants who have reached the earlier of age 65 or age 55 with 10 years of credited service, their beneficiary will receive 50% of the member's accrued pension at the date of death. A participant can elect a different survivor benefit at retirement date. Early retirement benefits for BMC employees are reduced by five-ninths of one percent (5/9%) for each month the early retirement date precedes the normal retirement age. The Plan also permits a lump-sum payment, regardless of value, based upon actuarially determined factors for certain BMC and USS employees.

In the event a death of a married participant occurs after having met the vesting requirements, a pre-retirement death benefit shall become payable provided that the participant and the spouse have been married for at least one year on the participant's date of death. Such monthly death benefit is equal to the amount the participant would have received had he/she retired on the first day of the month preceding the date of death, assuming payments were made on a joint and survivor basis. If the participant was eligible to retire at the time of his/her death, payments begin on the first day of the month following the date of death; otherwise, payment can begin on the participant's early retirement date.

USS and BMC Disability

Active participants who become totally and permanently disabled after completion of 15 years of credited service receive a monthly disability pension benefit calculated in the same way as a normal pension benefit, based on credited service and benefit level at the time of disability. Active salaried employees who qualify as totally and permanently disabled may elect to receive retirement benefits at age 55; however, the years of benefit service is limited to the credited service years at the time of disability, plus one year.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Minerals Salaried

Certain participants employed prior to January 1, 2004, under the EaglePicher Salaried and Closed Hourly Plan (the "Salaried Prior Plan"), had their accrued benefit provision frozen as of December 31, 2003. The accrued benefit for participants previously was based on the greater of (1) a percent of final average pay times years of service; (2) a larger percentage of final average pay times years of service less a portion of the primary Social Security benefit; (3) the benefit accrued under the prior retirement plan; or (4) $20 per year of service. In certain instances, lump-sum distributions are permitted. Under provision 2 above, a salaried participant may receive credit for a maximum of 30 years of employment with EP Minerals, LLC. Under provision 4 above, a salaried participant may receive credit for a maximum of 20 years of employment with EP Minerals, LLC. There is no maximum number of years of service in determining the benefit amount under provisions 1 and 3 above.

Effective January 1, 2004, under the Salaried Prior Plan and continuing under the Minerals Salaried Pension Plan, benefits are provided using a cash balance formula. Under the cash balance formula, participant benefits grow as an "account" each year based on contribution credits and interest credits. For most participants who were changed to the cash balance formula, annual contribution credits are equal to 4% of participant's compensation, plus 4% of compensation in excess of the taxable wage base for the calendar year, and interest credits are based on the average 10-year U.S. Treasury rate for the month of November of the previous year, determined using the value of each participant's cash balance at the beginning of the year. Participants will be entitled to their frozen accrued benefit and the cash balance benefit upon retirement.

Minerals Hourly

Certain participants employed prior to January 1, 2004, under the EaglePicher Hourly Plan (the "Hourly Prior Plan"), had their accrued benefit provision frozen as of December 31, 2003. The normal retirement benefit is the sum of the accrued pension plus the amount credited to the cash balance account, if any. The accrued pension is based upon applicable rates as set forth in the Plan document multiplied by the participant's years of benefit service. No benefit service after December 31, 2003 shall be used. Under the cash balance formula, participant benefits grow as an "account" each year based on contribution credits and interest credits. Annual contribution credits are based on years of service as set forth in the Plan document. Each participant who terminates employment after attainment of age 60 but prior to normal retirement age with at least 15 years of vesting service shall be eligible to receive an early retirement benefit. Each participant who terminates employment due to a disability after attainment of age 50 with at least 10 years of vesting service shall be eligible to receive a disability benefit.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Funding Policy

The Company's funding policy is to make contributions to the Plan that are actuarially determined, such that all employees' benefits will be fully provided for by the time they retire. The Plan has met ERISA minimum funding requirements.

Termination

Although it has not expressed the intent to do so, USS may terminate the Plan subject to the provisions set forth in ERISA. In such event, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding the Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the trustee, custodian, and investment advisors. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided in the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

NOTE 3 - FAIR VALUE MEASUREMENTS

Various inputs are used in determining the fair value of the Plan's investments. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

three levels of the fair value hierarchy, including the types of Plan investments that fall under each category and the valuation methodologies used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices that are in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Level 3 - Inputs to the valuation methodology are unobservable inputs (i.e., projections, estimates, interpretations, etc.) that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Life insurance contracts: Valued at the cash surrender value, which approximates fair value.

The collective trust fund is valued using NAV, based on the market value of the underlying investments, as a practical expedient to estimate fair value. The fund seeks stability of principal by investing mainly in high-grade, short-term, money market instruments. The collective trust fund held by the Plan provides for daily redemptions by the Plan with no advance notice requirement. The Plan has no unfunded commitments and no contractual obligations to further invest in the fund.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The inputs and methodologies used for valuing securities are not an indication of the risk associated with investing in those securities. There have been no changes in the methodologies used at December 31, 2020 or 2019.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	December 31, 2020			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$69,767,924			$ 69,767,924
Government securities		$ 8,572,041		8,572,041
Corporate bonds and notes		40,877,092		40,877,092
Life insurance contracts			$17,000	17,000
Total investments in the fair value hierarchy	$69,767,924	$49,449,133	$17,000	119,234,057
Investments measured at net asset value*				1,020,416
Total investments at fair value				$120,254,473

	December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$65,708,646			$ 65,708,646
Government securities		$11,544,178		11,544,178
Corporate bonds and notes		31,495,089		31,495,089
Money market fund		285,648		285,648
Life insurance contracts			$17,103	17,103
Total investments in the fair value hierarchy	$65,708,646	$43,324,915	$17,103	109,050,664
Investments measured at net asset value*				1,076,799
Total investments at fair value				$110,127,463

*Certain investments that were measured at NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service 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 are adjusted for early retirement, joint survivor annuity options, disability and death prior to retirement. 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.

The actuarial present value of accumulated plan benefits, determined by an independent actuary from AON, is the amount that results from applying actuarial assumptions to (a) adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and (b) the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Actuarial determinations are based upon the Standard Unit Credit Cost Method. The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (Pri-2012 mortality table, projected generationally using Scale MP-2020, and Scale MP-2019, for 2020 and 2019, respectively), (b) retirement age (the weighted average retirement age was 64 for 2020 and 2019), (c) discount rate of 2.49% for 2020 and 3.22% for 2019, (d) expected long-term rate of return on assets of 5.75% for 2020 and 6.25% for 2019.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and 2020. Had the valuations been performed as of December 31, 2020 and 2019 there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019 is:

	2020	2019
Vested benefits:		
Retired participants and beneficiaries	$106,379,825	$100,586,043
Other participants	47,092,275	48,188,150
Total vested benefits	153,472,100	148,774,193
Non-vested benefits	865,573	1,015,191
Total actuarial present value of accumulated plan benefits	$154,337,673	$149,789,384

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2020 are:

Actuarial present value of accumulated plan benefits at beginning of year	$149,789,384
Increase (decrease) during the year attributable to:	
Interest accumulation	4,685,084
Benefits paid	(8,648,257)
Plan amendments	(2,152,052)
Assumption changes	10,673,046
Other changes	(9,532)
Net increase	4,548,289
Actuarial present value of accumulated plan benefits at end of year	$154,337,673

NOTE 5 - INFORMATION CERTIFIED

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust, the trustee of the Plan, has certified to the completeness and accuracy of certain investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, and the schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2020, as well as the related investment activity reflected in the statement of changes in net assets available for benefits, schedule H, line 4i - schedule of assets (acquired and disposed of within year) and schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2020. The following investment information as of December 31, 2019 was not certified by the trustee:

Statement of net assets available for benefits:	
Mutual funds	$17,498,769
Money market fund	285,648

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, parties rendering service to the Plan, the employer, and certain others. Certain Plan investments are in shares of a collective trust fund managed by Northern Trust, the trustee, as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. These transactions are considered to be exempt party-in-interest transactions and are not considered prohibited transactions under the Department of Labor's Rules and Regulations.

NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed USS by a letter dated August 1, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan to determine if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan provides for various investments. In general, such investments are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 12, 2021, the date the financial statements were available to be issued.

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:			
	Vanguard	Vanguard Emerging Markets Stk Index Fund	$ 5,770,109	$ 7,063,615
	Invesco	AIM Invt Secs Fds Invesco Invt Secs Fds Invesco Global Real Estate	5,468,446	4,821,666
	Fidelity	Fidelity Intl Index-Inst PRM	19,761,074	22,637,939
	Fidelity	Fidelity Concord Str TR Spartan Extended Mkts Index Fund	9,762,434	12,972,482
	Fidelity	Fidelity 500 Index-Inst Prem	16,869,515	22,272,222
			57,631,578	69,767,924
	Government securities:			
	United States Treasury	United States Treas NTS DTD 9/30/2020 .25% due 9/30/2025	159,569	159,394
	United States Treasury	United States Treas Bds DTD 00271 1.125% due 8/15/2040	99,281	94,672
	United States Treasury	United States Treas Bds DTD 8/15/2020 1.375% due 8/15/50	138,434	135,802
	United States Treasury	United States Treas Bds 1.125% due 5/15/2040	209,028	194,622
	United States Treasury	United States Treas Sec Stripped due 5/15/2046	162,075	243,985
	United States Treasury	United States Treas Sec Stripped due 11/15/2048	652,210	619,848
	United States Treasury	United States Treas Sec Stripped due 11/15/2045	142,236	223,806
	United States Treasury	United States Treas Sec Stripped due 8/15/2045	206,072	340,848
	United States Treasury	United States Treas Sec Stripped due 11/15/2046	165,292	264,018
	United States Treasury	United States Treas Sec Stripped due 8/15/2041	340,688	540,547
	United States Treasury	United States Treas Sec Stripped due 8/15/2040	488,513	773,086
	United States Treasury	United States Treas Sec Stripped due 11/15/2049	778,668	732,841
	United States Treasury	United States Treas Sec Stripped due 11/15/2040	208,973	309,919
	United States Treasury	US Treas Sec due 11/15/2041	224,998	340,508
	United States Treasury	US Treas N/B 2% due 2/15/2050	525,170	494,173
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2042	304,341	489,784
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2043	340,816	551,480
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2044	222,383	356,579
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2047	500,151	803,665
	United States Treasury	UTD States Treas Zero Cpn due 11/15/2044	213,102	332,222
	Equinor	Equinor ASA Fixed 1.75% due 1/22/2026	325,187	330,901
	California State	California St 7.3% due 10/01/2039	199,337	239,341
			6,606,524	8,572,041
	Corporate bonds and notes:			
	Westpac	Westpac BKG 2.65% due 1/16/2030	125,789	139,978
	Westpac	Westpac BKG 2.85% due 5/13/26	213,938	227,617
	Anheuser-Busch	Anheuser Busch Inbev Worldwide 4.15% due 1/23/2025	204,177	222,045
	Canadian National	CDN Natl RY Co 2.45% due 5/1/2050	223,647	243,216
	Toronto Dominion	Toronto Dominion Bk Sr Medium Term Tranche .75% due 9/11/2025	139,609	140,524
	Alibaba Group Holding	Alibaba Group Hldg 3.6% due 11/28/2024	217,165	231,287
	CNOOC Finance Ltd.	CNOOC Fin 2013 LTD 3% due 5/9/2023	435,801	446,774
	BNP Paribas	BNP Paribas Sr Non Fltg Rt 3.052% due 1/13/2031	137,850	147,316
	Electricite de France	EDF S A 4.95% due 10/13/2045	91,136	109,171
	Total Capital International	Total Cap Intl Fixed 2.829% due 1/10/2030	238,700	239,590
	Siemens Financier	PVTPL Siemens Financieringsmat 3.4% due 3/16/2027	380,367	417,458
	Mitsubishi Financial Group	Mitsubishi UFJ Finl Group Inc 2.193% due 2/25/2025	220,156	232,407

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds and notes (continued):			
	Mizuho Financial Group	Mizuho Finl Group Fltg RT 2.721% due 7/16/2023	$ 220,807	$ 227,321
	America Movil	America Movil SAB DE CV 3.125% due 7/16/2022	421,866	430,463
	Shell International	Shell Intl Fin B V 2.5% due 9/12/2026	157,392	175,690
	Statoil ASA	Statoil ASA 3.95% due 5/15/2043	197,180	244,063
	Santander Group	Banco Santander SA 3.848% due 4/12/2023	207,035	220,194
	Astrazeneca	Astrazeneca Plc Fixed 1.375% due 8/6/2030	134,611	133,627
	Barclays	Barclays Plc 1.007% due 12/10/2024	235,155	236,666
	Lloyds BKG Group	Lloyds BKG Group 4.05% due 8/16/2023	184,549	185,772
	AbbVie Inc.	AbbVie Inc 3.2% due 11/6/2022	193,318	198,925
	AbbVie Inc.	AbbVie Inc 4.25% due 11/14/2028	291,346	287,739
	Aflac Inc.	Aflac Inc 3.6% due 4/1/2030	112,037	117,702
	Allstate Corporation	Allstate Corp 4.2% due 12/15/2046	353,626	416,004
	Amazon Com Inc.	Amazon Com Inc 2.5% due 6/3/2050	301,391	306,083
	Ameren Illinois Company	Ameren ILL Co 3.7% due 12/01/2047	209,049	257,474
	American Honda Finance Corporation	American Honda Fin Corp Med Term NTS .65% due 9/8/2023	64,971	65,410
	American Honda Finance Corporation	American Honda Fin Corp Med Term NTS .875% due 7/7/2023	84,973	86,035
	American Tower Corporation	American Tower Corp 2.75% due 1/15/2027	219,963	238,683
	Ameriprise	Ameriprise Finl 2.875% due 9/15/2026	156,034	171,351
	American Express Company	Amern Express Co 3.4% due 2/22/2024	360,071	390,701
	American Honda Finance Corporation	Amern Honda Fin 1% due 9/10/2025	64,997	65,992
	American International Group	Amern Intl Group 3.4% due 6/30/2030	163,580	183,336
	Amgen Inc.	Amgen Inc 3.625% due 5/15/2022	168,101	165,773
	Anthem Inc.	Anthem Inc 3.65% due 12/01/2027	223,025	253,698
	Apple Inc.	Apple Inc. 3.35% due 2/9/2027	416,211	467,718
	Apple Inc.	Apple Inc. 4.375% due 5/13/2045	286,915	390,583
	AT&T	AT&T Inc 1.65% due 2/1/2028	256,726	260,175
	AT&T	AT&T Inc 3.65% due 6/1/2051	180,859	188,477
	AXA Equitable Holdings Inc	AXA Equitable Fixed 3.9% due 4/20/2023	210,056	215,177
	Bank of America Corporation	Bank Amer Corp 3.366% due 1/23/2026	217,881	225,685
	Bank of America Corporation	Bank of America Corp 3.004% due 12/20/2023	405,846	442,054
	Truist Financial Corporation	BB&T BRH BKG & TR Fixed 2.636% due 9/17/2029	219,586	232,791
	Berkshire Hathaway	Berkshire Hathaway 3.5% due 2/1/2025	287,132	297,365
	Berkshire Hathaway	Berkshire Hathaway 4.3% due 5/15/2043	424,160	476,958
	Boeing Company	Boeing Co 2.8% due 3/1/2023	204,192	207,636
	Boston Gas Company	Bost Gas Co 3.001% due 8/1/2029	168,830	182,136
	BP Group	BP Cap Mkts Amer 3.224% due 4/14/2024	184,624	205,535
	BP Group	BP Cap Mkts Amer 3.119% due 5/4/2026	226,937	265,718
	BNSF Railway Company	Burlingt Northn Santa Fe 5.15% due 9/1/2043	201,699	238,359
	Capital One Financial Corporation	Cap 1 Finl Corp 3.9% due 1/29/2024	200,100	219,075
	Chubb INA Holdings Inc.	Chubb INA Holdings 4.35% due 11/3/2045	116,262	128,829
	Cigna Corporation	Cigna Corp New 2.4% due 3/15/2030	175,159	175,927
	Citigroup Inc	Citigroup Inc 3.142% due 1/24/2023	407,017	426,740
	Coca Cola Company	Coca Cola Co 2.6% due 6/1/2050	234,711	253,251
	Comcast Corporation	Comcast Corp New 2.35% due 1/15/2027	422,291	484,204

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds and notes (continued):			
	Comcast Corporation	Comcast Corp New 4.25% due 1/15/2033	$ 297,230	$ 363,968
	Comcast Corporation	Comcast Corp New 4.6% due 10/15/2038	202,008	256,976
	Commonwealth Edison Company	COMWLTH Edis 3.7% due 3/1/2045	271,422	353,553
	Conagra Brands Inc.	Conagra Brands Inc 1.375% due 11/1/2027	239,183	242,215
	Conoco Inc.	Coco Inc 6.95% due 4/15/2029	184,248	196,191
	Consolidated Edison	Cons Edison Co N Y Inc 4.45% due 3/15/2044	279,005	326,332
	Consumers Energy	Consumers Energy 3.25% due 8/15/2046	210,654	239,385
	Costco Wholesale Corporation	Costco Wholesale Corp New 1.6% due 4/20/2030	99,825	102,470
	CVS Health Corporation	CVS Health Corp 1.75% due 8/21/2030	134,779	135,786
	CVS Health Corporation	CVS Health Corp 3% due 8/15/2026	215,718	237,899
	Deere John	Deere John Cap 2.65% due 6/10/2026	89,595	98,634
	Deere John	Deere John Cap 2.8% due 7/18/2029	229,292	244,899
	Walt Disney Company	Disney Walt Co 2.75% due 9/1/2049	248,650	253,914
	Dowdupont Inc	Dowdupont Inc 4.493% due 11/15/2025	199,000	227,633
	DTE Electric Company	DTE Elec Co 2.95% due 3/1/2050	359,359	362,128
	Duke Energy Corporation	Duke Energy Corp .9% due 9/15/2025	154,924	155,370
	Duke Energy Indiana	Duke Energy IND 3.75% due 5/15/2046	390,085	431,656
	Exxon Mobil Corporation	Exxon Mobil Corp 2.44% due 8/16/2029	176,230	189,961
	Fifth Third Bankcorp	Fifth Third Bankcorp 4.3% due 1/16/2024	127,390	127,155
	Florida Power & Light Company	FL Pwr & Lt 4.05% due 10/1/2044	277,224	282,209
	Franklin Resources Inc.	Franklin Res Inc 2.8% due 9/15/2022	294,027	312,496
	GA Power Company	GA Pwr Co Sr Nt Ser 4.3% due 3/15/2042	200,570	241,276
	General Dynamics Corporation	Gen Dynamics Corp Fixed 4.25% due 4/1/2040	159,733	156,205
	General Motors Financial Company, Inc.	General Mtrs Finl Co Inc 3.55% due 7/8/2022	84,945	88,652
	Gilead Sciences	Gilead Sciences 4% due 9/1/2036	267,817	265,697
	Goldman Sachs	Goldman Sachs 4% due 3/3/2024	187,112	193,370
	Goldman Sachs	Goldman Sachs 5.75% due 1/24/2022	285,125	264,249
	The Home Depot, Inc.	Home Depot Inc 4.5% due 12/6/2048	419,272	484,308
	Intel Corporation	Intel Corp 3.7% due 7/29/2025	75,818	84,865
	Intel Corporation	Intel Corp 3.734% due 12/8/2047	267,948	338,203
	Intercontinental Exchange Inc.	Intercontinental Exchange Inc. 2.65% due 9/15/2040	149,858	153,684
	Intercontinental Exchange Inc.	Intercontinental Exchange Inc. 3.45% due 9/21/2023	432,416	431,928
	Johnson & Johnson	Johnson & Johnson 2.1% due 9/1/2040	99,335	100,843
	Johnson & Johnson	Johnson & Johnson 3.5% due 1/15/2048	274,214	340,677
	Johnson & Johnson	Johnson & Johnson 4.375% due 12/5/2033	311,727	380,472
	JP Morgan Chase & Co.	JPMorgan Chase 3.9% due 7/15/2025	316,059	340,812
	JP Morgan Chase & Co.	JPMorgan Chase 3.882% due 7/24/2038	298,282	395,790
	KeyCorp	Keycorp Medium Term Sr NTS Book Entry 5.1% due 3/24/2021	250,399	227,358
	Kimco Realty Corporation	Kimco Rlty Corp 2.8% due 10/1/2026	168,057	185,386
	Lilly Eli & Company	Lilly Eli & Co 2.25% due 5/15/2050	118,532	117,944
	Loews Companies	Loews Corp 3.75% due 4/1/2026	248,239	274,312
	Lowe's Companies, Inc.	Lowes Cos Inc Fixed 4.5% due 4/15/2030	156,876	155,596
	Lowe's Companies, Inc.	Lowes Cos Inc 1.7% due 10/15/2030	79,759	81,054
	Marathon Petroleum	Marath Pete Corp Fixed 4.75% due 12/15/2023	248,933	260,146
	Mastercard Inc.	Mastercard Inc 3.65% due 6/1/2049	395,840	450,967

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds and notes (continued):			
	Medtronic Inc.	Medtronic Inc 4.375% due 3/15/2035	$ 181,343	$ 222,188
	Manufacturers & Traders Trust Company	MFRS & Traders Tr Co 3.4% due 8/17/2027	222,130	248,729
	Microsoft Corporation	Microsoft Corp Fixed 4.25% due 2/6/2047	397,754	481,008
	Mid American Energy	Midamerican Energy 4.8% due 9/15/2043	216,270	273,612
	Morgan Stanley	Morgan Stanley 2.75% due 5/19/2022	402,542	418,253
	National Rural Utils Cooperative Finance	Natial Rural Utils Coop Fin Corp 3.9% due 11/1/2028	404,733	475,605
	Nevada Power Company	Nevada Pwr Co 3.7% due 5/1/2029	124,295	140,201
	Omnicom Group Inc.	Omnicom Group Inc 3.625% due 5/1/2022	309,626	318,109
	Oncor Electric Delivery	Oncor Elec Delivery 3.8% due 6/1/2049	230,780	254,649
	Oracle Corporation	Oracle Corp 6.5% due 4/15/2038	289,331	365,625
	Pepsico Inc	Pepsico Inc 4.45% due 4/14/2046	261,028	313,912
	Pfizer Inc	Pfizer Inc 4% due 3/15/2049	204,418	262,866
	PNC Bank	PNC Bk N A Pittsburgh PA Medium Term 4.05% due 7/26/2028	270,617	308,086
	PPL Corporation	PPL Cap FDG Inc 4.2% due 6/15/2022	168,414	161,843
	Prologis LP	Prologis LP 1.25% due 10/15/2030	138,244	138,632
	Prudential Financial, Inc.	Prudential Finl 3% due 3/10/2040	169,678	175,260
	Public Service Electric and Gas Company	Pub SVC Elec Gas Co Fixed 3.2% due 5/15/2029	64,631	68,421
	Public Service Electric and Gas Company	Pub SVC Elec Gas Co Secd 3.95% due 5/1/2042	253,987	289,330
	Aviation Capital Group LLC	PVTPL Aviation Cap Group 3.875% due 5/1/2023	114,726	119,827
	Belrose Funding Trust	PVTPL Belrose FDG TR 2.33% due 8/15/2030 / 5/15/2030	115,251	118,354
	Cameron LNG, LLC	PVTRL Cameron Lng 2.902% due 7/15/2031	105,242	114,989
	Kinder Morgan	PVTPL Kinder Morgan Inc Del 5% due 2/15/2021	368,648	351,033
	Mars Inc	PVTPL Mars Inc Del NT 144A 1.625% due 7/16/2032	174,715	173,579
	Metropolitan Life Global Funding	PVTPL Met Life 3.05% due 6/17/2029	210,307	236,333
	Metropolitan Life Global Funding	PVTPL Metropolitan Life Global 3% due 1/10/2023	373,279	395,337
	New York Life Insurance Company	PVTPL New York Life Ins Co 3.75% due 5/15/2050	226,367	245,228
	Raytheon Company	Raytheon Technologies Corp 4.875% due 10/15/2040	120,469	117,233
	Regency Energy	Regency Energy 4.5% due 11/1/2023	263,670	276,094
	Charles Schwab	Schwab Charles 3.85% due 5/21/2025	200,806	227,533
	Shire	Shire Acquisitions 2.4% due 9/23/2021	60,795	61,796
	Simon Property Group Inc.	Simon Ppty Group 3.375% due 6/15/2027	212,136	233,246
	Southern California Edison	Southn Cal Edis 4% due 4/1/2047	100,178	117,460
	Southwestern Public Service	Southwestn Pub Svc Fixed 4.4% due 11/15/2048	183,807	243,144
	Southwestern Public Service	Southwestn Pub Svc 4.5% due 8/15/2041	225,213	278,408
	Spectra Energy Corporation	Spectra Energy 4.75% due 3/15/2024	314,935	329,336
	Sprint Spectrum Company	PVTPL Sprint Spectrum Co 3.36% due 3/20/2023	107,753	107,880
	State Street Corporation	State Str Corp 2.4% due 1/24/2030	209,500	229,482
	Stryker Corporation	Stryker Corp 3.375% due 11/1/2025	144,596	161,756
	The Travelers Company Inc.	Travelers Cos Inc. 4.05% due 3/7/2048	199,112	265,317
	The Trustees of Princeton University	Trustees of 2.516% due 7/1/2050	98,840	99,577
	United Health Group	United Health Group 4.375% due 3/15/2042	174,998	171,251
	United Health Group	United Health Group 4.625% due 7/15/2035	132,250	174,200
	United Parcel Service Inc.	UTD Parcel Svc Inc 3.75% due 11/15/2047	208,303	285,275
	Ventas Realty	Ventas Rlty Ltd Patnership 3.75% due 5/1/2024	160,838	174,428

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2020

	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds and notes (continued):			
	Verizon Communications	Verizon Communications 4.4% due 11/1/2034	$ 128,294	$ 124,793
	Verizon Communications	Verizon Fixed 4.016% due 12/3/2029	273,753	293,705
	Visa Inc	Visa Inc 3.15% due 12/14/2025	210,649	235,587
	Walmart Inc	Walmart Inc 3.625% due 12/15/2047	420,726	462,853
	Walmart Inc	Walmart Inc 4.05% due 6/29/2048	25,513	27,141
	Wells Fargo & Company	Wells Fargo & Co New Medium Term 4.3% due 7/22/2027	418,318	462,851
	Wells Fargo & Company	Wells Fargo & Co Tranche 3.45% due 2/13/2023	503,299	529,874
	Wells Fargo & Company	Wells Fargo & Co 3.5% due 3/8/2022	258,800	259,190
	Welltower Inc	Welltower Inc 3.625% due 3/15/2024	400,892	419,608
	Westar Energy	Westar Energy 3.1% due 4/1/2027	163,803	176,446
	Wyeth LLC	Wyeth 6.45% due 2/1/2024	247,142	235,635
	The 3M Company	3M Co 3.375% due 3/1/2029	199,679	225,607
	JP Morgan Chase	CMO J P Morgan Chase Cml Mtg Secs 2016-N due 10/6/2038	244,922	260,150
	JP Morgan Chase	CMO JPMCC Coml Mtg Secs 2017-JP7 3.8068% due 9/15/2050	106,902	113,531
	CSMC 14-USA	CSMC 2014-USA 4.3738% due 9/1/2037	96,855	82,554
	2016-K60 Mortgage Trust	FREMF 2016-K60 3.5358% due 12/25/2049	106,777	114,646
	2020-K105 Mortgage Trust	FREMF 2020-K105 3.53% due 13/25/2053	110,550	114,098
	2016-K53 Mortgage Trust	PVTPL CMO FREMF Sr 2016-K53 4.02069 % due 1/25/2026	125,313	138,656
	2019-K91 Mortgage Trust	PVTPL CMO FREMF Sr 2019-K91 4.25199% due 4/25/2051	248,822	261,342
	Shops at Crystals Trust	PVTPL CMO Shops at Crystals 2016-CSTL 3.7311% due 7/5/2036	182,632	164,082
	Wells Fargo Commercial Mortgage Trust	Wells Fargo Cml FLTG RT 4.41524% due 12/15/2059	45,861	50,480
	Finance of America Structured Securities Trust	Finance Amer Structured Secs 2% due 9/25/2069	173,492	184,967
	Bayview Opportunity Master Trust	PVTPL Bayview Opportunity Master 4.19% due 8/28/2057	241,313	244,379
	Cim Commercial Trust Co.	PVTPL Cim Tr Ser 4% due 9/25/2057	208,057	220,535
	Mill City Mortgage Loan Trust	PVTPL CMO Mill City Mtg 3.25% due 7/25/2059	116,150	123,682
	New Residential Loan Trust	PVTPL CMO New Residential Mtg 5% due 2/25/2058	128,239	131,173
			37,480,628	40,877,092
	Collective trust fund:			
*	Northern Trust Company	COLTV Short Term Investment Fund	1,020,416	1,020,416
	Life insurance contracts:			
	Manulife	Life Insurance Policies	17,000	17,000
			$ 102,756,146	**$ 120,254,473**

* A party in interest as defined by ERISA.

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For the Year Ended December 31, 2020

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Applied Materials	Applied Materials Inc 2.75% due 6/1/2050	$ 150,666	$ 164,005
Cigna Corporation	Cigna Corp New Corp 3.75% due 7/15/2023	412,409	423,675

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single Transaction:						
Northern Trust Company	COLTV Short Term Investment Fund	$ 8,522,709		$ 8,522,709	$ 8,522,709	$ -
		6,900,000		6,900,000	6,900,000	-
			$ 9,095,444	9,095,444	9,095,444	-
			6,900,000	6,900,000	6,900,000	-
Series of Transactions:						
Northern Trust Company	COLTV Short Term Investment Fund	32,472,317		32,472,317	32,472,317	
			32,528,700	32,528,700	32,528,700	-
United States Treasury	United States Treas .25% due 6/15/2023	3,006,211		3,006,211	3,006,211	
			3,007,872	3,006,211	3,007,872	1,661
Fidelity	Fidelity Intl Index-Inst PRM	6,258,231		6,258,231	6,258,231	
			800,000	748,500	800,000	51,500

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				6						
35-39				4	6	1				
40-44			1	7	5	7				
45-49				12	14	16	5			
50-54				10	19	9	6	2		
55-59				8	12	11	9	10	17	4
60-64			1	5	11	4	3	6	13	27
65-69				2	1	1	4	2	3	4
70+										2

N-290

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Legacy U.S. Silica Company Retirement Plan				
Shortfall	$ 11,074,924	January 1, 2019	14	$ 1,088,063
Legacy Minerals Salaried Pension Plan				
Shortfall	$ 3,119,687	December 1, 2019	14.91667	$ 293,984
Legacy Minerals Hourly Pension Plan				
Shortfall	$ 217,117	December 1, 2019	14.91667	$ 20,460
Merged Plan				
Shortfall	$ (2,831,178)	January 1, 2020	15	$ (265,810)
	$ 11,580,550			$ 1,136,697

ARPA shortfall relief was first applied for 2019. In this case, there should be 14 years remaining on the amortization base for 2019 and no bases for earlier plan years. Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. This Schedule SB reflects the ARPA shortfall relief retroactive to the 2019 plan year. On September 24, 2021, U.S. Silica Company made an explicit election to apply the shortfall amortization provisions of ARPA to the 2019 plan year for the U.S. Silica Retirement Plan. By default, this relief would have applied starting with the 2022 plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- For the Legacy Minerals Plans, a change in the interest rate assumption for optional form conversion from the July 2019 417(e) segment rates of 2.34%, 3.38% and 4.01% to the November 2019 417(e) segment rates of 2.04%, 3.09% and 3.68%.
- For the Legacy U.S. Silica Company Retirement Plan, a change in the salary increase assumption from 3.50% to 3.00%.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
U.S. SILICA COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 028

1c Effective date of plan 07/01/1974

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

24275 KATY FREEWAY
SUITE 600
KATY TX 77494-7271

2b Employer Identification Number (EIN) 23-0958670

2c Plan Sponsor's telephone number 301-682-0600

2d Business code (see instructions) 212320

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

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

SIGN HERE	Signature of plan administrator	Date 10/12/2021	DEAN CASTLEBERRY Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/12/2021	DEAN CASTLEBERRY Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

018401 12-03-20

U.S. SILICA COMPANY RETIREMENT PLAN
EIN: 23-0958670 PLAN #028
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single Transaction:						
Northern Trust Company	COLTV Short Term Investment Fund	$ 8,522,709		$ 8,522,709	$ 8,522,709	$ -
		6,900,000		6,900,000	6,900,000	-
			$ 9,095,444	9,095,444	9,095,444	-
			6,900,000	6,900,000	6,900,000	-
Series of Transactions:						
Northern Trust Company	COLTV Short Term Investment Fund	32,472,317		32,472,317	32,472,317	
			32,528,700	32,528,700	32,528,700	-
United States Treasury	United States Treas .25% due 6/15/2023	3,006,211		3,006,211	3,006,211	
			3,007,872	3,006,211	3,007,872	1,661
Fidelity	Fidelity Intl Index-Inst PRM	6,258,231		6,258,231	6,258,231	
			800,000	748,500	800,000	51,500

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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
U.S. SILICA RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 028

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
U.S. SILICA COMPANY

D Employer Identification Number (EIN)
23-0958670

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	111,990,361
b Actuarial value	**2b**	107,811,769

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	811	83,128,495	83,128,495
b For terminated vested participants	144	4,959,023	4,959,023
c For active participants	290	29,035,424	29,899,876
d Total	1,245	117,122,942	117,987,394

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.66%
6 Target normal cost	**6**	1,828,889

Statement by Enrolled Actuary

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

SIGN HERE

ROBERT S. PRICE, JR. RSP — Signature of actuary

10/04/2021 — Date

ROBERT S. PRICE, JR. — Type or print name of actuary

2005794 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

404-261-3400 — Telephone number (including area code)

3550 LENOX ROAD, SUITE 1700

ATLANTA GA 30326 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10,972
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	10,972
10	Interest on line 9 using prior year's actual return of 18.00%	0	1,975
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,319,911
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46%		72,067
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1,391,978
d	Portion of (c) to be added to prefunding balance		1,391,978
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,404,925

Part III Funding Percentages

14	Funding target attainment percentage	14	90.18%
15	Adjusted funding target attainment percentage	15	90.18%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.25%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2020	1,300,000	0			
07/14/2020	1,300,000	0			
10/13/2020	1,300,000	0			
01/14/2021	1,300,000	0			
		Totals ► 18(b)		5,200,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,015,450

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	1,828,889
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,580,550	1,136,697
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**	2,965,586

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,965,586
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,015,450
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,049,864
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

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

The AFTAP for the Plan was issued December 21, 2020. An updated AFTAP was recertified September 29, 2021 to reflect the following updates:

- A change in the funding target due to the application of the interest rate provisions of the American Rescue Plan Act of 2021 (ARPA).
- A change in the value of plan assets as requested by the Internal Revenue Service in order to receive approval to the company's request for a change in funding method related to the merger of the Minerals Salaried Pension Plan and Minerals Hourly Pension Plan into the U.S. Silica Company Retirement Plan as of November 30, 2019.
- A change in the prefunding balance (PFB) due to an election to add interest adjusted excess contributions for the 2019 plan year to the PFB following a specific election on September 24, 2021 to adopt the shortfall amortization provisions of ARPA for the 2019 plan year.

The inputs used in the certifications are outlined below:

AFTAP Certification	December 21, 2020	September 29, 2021
Funding Target	$121,999,648	$117,987,394
Value of Plan Assets	$107,737,874	$107,811,769
Funding Standard Carryover Balance	$0	$0
Prefunding Balance	$12,947	$1,404,925
Annuities Purchased for NHCE's	$0	$0
Security Posted	$0	$0
Certified AFTAP	88.29%	90.18%

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

Date	Amount	Days to Discount to 1/1/2020 at 5.66%	Interest Adjusted Contribution
April 14, 2020	$ 1,300,000	104	$ 1,279,821
July 14, 2020	1,300,000	195	1,262,421
October 13, 2020	1,300,000	286	1,245,257
January 14, 2021	1,300,000	379	1,227,951
Total Contribution	$ 5,200,000		$ 5,015,450

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
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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 expected active headcounts based on the active participant data and actuarial assumptions as of the valuation date.

(a) Age	(b) Expected Active Headcount	(c) Retirement Rate	(d) Expected Retirements (b) × (c)	(e) Weighted Age (a) × (d)
55	111.8058	0.0111	1.2368	68.0216
56	122.6725	0.0136	1.6702	93.5312
57	133.9558	0.0137	1.8321	104.4307
58	141.8859	0.0133	1.8820	109.1588
59	159.5102	0.0230	3.6633	216.1362
60	174.9570	0.0286	5.0040	300.2390
61	182.6045	0.0966	17.6412	1076.1110
62	177.3930	0.1796	31.8542	1974.9574
63	154.8855	0.1934	29.9567	1887.2747
64	134.3990	0.2093	28.1289	1800.2465
65	111.8832	0.5562	62.2294	4044.9132
66	54.1761	0.5072	27.4807	1813.7282
67	31.3734	0.2741	8.5993	576.1524
68	24.5350	0.2802	6.8741	467.4421
69	18.4546	0.2899	5.3492	369.0914
70	12.9352	1.0000	12.9352	905.4631
71	0.0000	1.0000	0.0000	0.0000
72	2.0000	1.0000	2.0000	144.0000
Total			248.3373	15950.8976
Weighted Average				64.23

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
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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 under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
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%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Cash Balance Interest Crediting Rate	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Social Security COLA Increases	2.50%
Optional Payment Form Election Percentage	
Former Retirement Plan I	Lump sum eligible: 0% elect lump sum, 75% elect 50% joint & survivor annuity and 25% elect life annuity. Participants not eligible for a lump sum and participants not electing a lump sum are assumed to elect optional forms according to the rates below. 30%—life annuity 70%—100% joint and survivor annuity
Former Retirement Plan II	Lump sum eligible: 20% elect lump sum, 30% elect 50% joint & survivor annuity and 50% elect life annuity. Participants not eligible for a lump sum and participants not electing a lump sum are assumed to elect optional forms according to the rates below.
Non-Union Hourly	65%—life annuity 35%—50% joint and survivor annuity

	Ottawa	10%—life annuity 90%—55% joint and survivor annuity
	Mauricetown	40%—10-year certain and life annuity 60%—50% joint and survivor annuity
	Mill Creek	20%—life annuity 80%—100% joint and survivor annuity
	All Other Union	40%—life annuity 60%—50% joint and survivor annuity
Minerals Salaried Pension Plan		Cash Balance: 100% elect lump sum Frozen Accrued Benefit: 45% elect life annuity, 30% elect joint and 100% survivor annuity and 25% elect joint and 50% survivor annuity
Minerals Hourly Pension Plan		Cash Balance: 100% elect lump sum Frozen Accrued Benefit: 50% elect life annuity and 50% elect joint and 100% survivor annuity
Lump Sum Conversion Interest Rate		
U.S. Silica Company Retirement Plan		Same as funding interest rates
Optional Form Conversion Interest Rate		
Legacy Minerals Plans		November 2019 segment rates of 2.04%, 3.09%, and 3.68%
Lump Sum / Optional Form Conversion Mortality		Current IRC section 417(e) table for lump sums.

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
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Retirement Age	
Active Participants	See Tables 1–4
Terminated Vested Participants	
U.S. Silica Company Retirement Plan	Age 65
Minerals Salaried Pension Plan	See Table 5
Minerals Hourly Pension Plan	See Table 6
Future Terminated Vested Participants	
U.S. Silica Company Retirement Plan	Age 65
Minerals Salaried Pension Plan	Cash Balance: Immediate Frozen Accrued Benefit: Age 63
Minerals Hourly Pension Plan	Cash Balance: Immediate Frozen Accrued Benefit: Age 65
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	
Former Retirement Plan I	None
Former Retirement Plan II	See Table 7
Legacy Minerals Plans	See Table 8
Disability Rates	
U.S. Silica Company Retirement Plan	See Table 9
Minerals Salaried Pension Plan	None
Minerals Hourly Pension Plan	See Table 10
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2019 Pensionable earnings rolled forward one year with the salary increase assumption
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Expected Return on Assets	
2018 Plan Year	6.25%
2019 Plan Year	6.25%, limited to 6.11%
2020 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	Amounts expected be paid from assets based on prior year actual ($1,014,000 for 2020).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Table 1

Retirement Rates—Former Retirement Plan I Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	15.00%
61	33.00%
62	33.00%
63	33.00%
64	33.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Retirement Rates—Former Retirement Plan II Participants

Age	Rate
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	2.50%
60	2.50%
61	10.00%
62	20.00%
63	20.00%
64	20.00%
65	40.00%
66	50.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 3

Retirement Rates—Minerals Salaried Pension Plan (Active Participants)

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	25.00%
65+	100.00%

Table 4

Retirement Rates—Minerals Hourly Pension Plan (Active Participants)

Age	Rate
60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	25.00%
65+	100.00%

Table 5

Retirement Rates—Minerals Salaried Pension Plan (Current Terminated Vested Participants)

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65	50.00%
66	50.00%
67+	100.00%

Table 6

Retirement Rates—Minerals Hourly Pension Plan (Current Terminated Vested Participants)

Age	Rate
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65	50.00%
66	50.00%
67+	100.00%

Table 7

Withdrawal Rates—Former Retirement Plan II Participants

Age	Rate
21–24	10.00%
25–29	10.00%
30–34	10.00%
35–39	4.00%
40–44	4.00%
45–49	2.00%
50–54	2.00%
55–59	2.00%
60–64	2.00%
65+	0.00%

Table 8

Withdrawal Rates—Legacy Minerals Plans

Age	Male	Female	Age	Male	Female
15	22.70%	29.60%	45	1.30%	2.80%
16	22.70%	29.60%	46	1.20%	2.50%
17	20.70%	27.60%	47	1.10%	2.30%
18	18.70%	25.60%	48	1.00%	2.10%
19	16.70%	23.60%	49	0.80%	1.80%
20	14.70%	21.60%	50	0.70%	1.40%
21	12.70%	19.60%	51	0.50%	1.00%
22	10.70%	17.60%	52	0.30%	0.70%
23	9.60%	15.60%	53	0.20%	0.40%
24	8.50%	13.60%	54	0.10%	0.10%
25	7.40%	11.60%	55+	0.00%	0.00%
26	6.30%	9.60%			
27	5.20%	7.60%			
28	4.90%	7.30%			
29	4.60%	7.00%			
30	4.30%	6.70%			
31	4.00%	6.40%			
32	3.70%	6.00%			
33	3.50%	5.70%			
34	3.30%	5.40%			
35	3.10%	5.10%			
36	2.90%	4.80%			
37	2.70%	4.50%			
38	2.40%	4.30%			
39	2.20%	4.10%			
40	2.00%	3.90%			
41	1.80%	3.70%			
42	1.70%	3.40%			
43	1.60%	3.20%			
44	1.50%	3.00%			

Table 9

Disability Rates—U.S. Silica Company Retirement Plan

Age	Male	Female	Age	Male	Female
20	0.030%	0.030%	50	0.330%	0.400%
21	0.030%	0.030%	51	0.390%	0.440%
22	0.030%	0.030%	52	0.460%	0.490%
23	0.030%	0.030%	53	0.530%	0.540%
24	0.030%	0.030%	54	0.610%	0.590%
25	0.030%	0.030%	55	0.690%	0.640%
26	0.030%	0.030%	56	0.770%	0.690%
27	0.030%	0.030%	57	0.860%	0.740%
28	0.030%	0.040%	58	0.950%	0.800%
29	0.030%	0.040%	59	1.050%	0.850%
30	0.030%	0.040%	60	1.150%	0.900%
31	0.030%	0.050%	61	1.260%	0.960%
32	0.030%	0.050%	62	1.380%	1.010%
33	0.030%	0.060%	63	1.510%	1.050%
34	0.030%	0.060%	64	1.640%	1.090%
35	0.040%	0.070%	65+	0.000%	0.000%
36	0.040%	0.080%			
37	0.050%	0.090%			
38	0.060%	0.100%			
39	0.070%	0.120%			
40	0.080%	0.130%			
41	0.090%	0.150%			
42	0.100%	0.170%			
43	0.120%	0.190%			
44	0.140%	0.220%			
45	0.160%	0.240%			
46	0.180%	0.270%			
47	0.210%	0.300%			
48	0.250%	0.330%			
49	0.280%	0.360%			

Table 10

Disability Rates—Minerals Hourly Pension Plan

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—2020 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

Schedule SB, Part V—Summary of Plan Provisions

U.S. Silica Retirement Plan—Former Retirement Plan

Plan Year	The plan year is the calendar year.
Eligibility	Plan is closed to new entrants.
Benefit Service	Benefit service begins at date of hire. Former Pennsylvania Glass Sand Retirement Plan participants are credited with service after July 1, 1975 only. Benefit accruals are frozen after the later of January 1, 2010 and 35 years of benefit service.
Vesting Service	Beginning with an employee's employment commencement date.
Final Average Earnings	Average compensation for the highest five consecutive calendar years out of the last 10 (frozen at the end of the calendar year in which employee reaches 35-year cap).
Normal Retirement Age	The first of the month coincident with or following the date the participant attains age 65.
Normal Retirement Benefit	The sum of: 1. 1.35% of final average earnings (FAE) below covered compensation (CC) times benefit service (BS) up to 35 years; 2. 1.85% of FAE in excess of CC times BS up to 35 years; 3. 1.80% of FAE times BS in excess of 35 years; and For former Pennsylvania Glass Sand participants, the frozen accrued benefit as of July 1, 1975.
Early Retirement Eligibility	Age 55 and 10 years of vesting service.
Early Retirement Benefit	Accrued normal retirement benefit reduced 5% per year prior to age 62. Supplement of $350 per month prior to age 62 with 20 years of vesting service. Beginning January 1, 2012, highly compensated employees are no longer eligible for the supplement.
Deferred Retirement Eligibility	The first of the month coincident with or following termination after normal retirement age.

Deferred Retirement Benefit	The greater of (i) or (ii): (i) Total accrued benefit using final average earnings and benefit service as of deferred retirement date. (ii) Normal retirement benefit increased on actuarially equivalent basis.
Termination Benefit Eligibility	100% vested after five years of vesting service.
Termination Benefit	Accrued normal retirement benefit payable at normal retirement age.
Death Benefit Eligibility	Five years of vesting service.
Death Benefit	Actuarially reduced 50% joint and survivor benefit. Company pays for coverage.
Disability Benefit Eligibility	Disabled while an eligible active employee.
Disability Benefit	Accrued normal retirement benefit payable at normal retirement age.
Optional Forms of Payment	Single life annuity; 50%, 60%, 75%, or 100% joint and survivor annuity; lump sum or partial lump sum and partial annuity, if present value is less than $350,000.
Actuarial Equivalence	Based on an interest rate of 9% and the 1984 Unisex Pensioners Mortality Table.

U.S. Silica Retirement Plan—Former Retirement Plan II

Hourly Plan/Location	Eligibility Begins	Benefit Service Calculation	Accrued Benefit Amount of Benefit Paid as a Life Annuity
Non-Union Hourly (including Columbia, Montpelier, Dubberly, Hurtsboro, and Berkeley Special/Florisil)	Immediately for employees hired before 1/1/2008. Employees hired on or after 1/1/2008 are not eligible.	From date of hire. Credited service is later of date of hire and 11/10/1993 for Montpelier. Later of date of hire and 8/1/1987 for Hurtsboro.	$23.00 per month for each year of benefit service for Dubberly effective 1/1/2007; $24.00 effective 1/1/2008; $25.00 effective 1/1/2011; $26.00 effective 1/1/2012; $29.00 effective 1/1/2014; $32.00 effective 12/31/2014; $33.00 effective 1/1/2017. $22.00 per month for each year of benefit service for Columbia effective 1/1/2007; $23.00 effective 1/1/2008; $24.00 effective 1/1/2010; $25.00 effective 1/1/2011; $26.00 effective 1/1/2012; $29.00 effective 1/1/2014; $32.00 effective 12/31/2014; $33.00 effective 1/1/2017. $23.00 per month for each year of benefit service for Montpelier effective 1/1/2007; $24.00 effective 1/1/2008; $25.00 effective 1/1/2012; $32.00 effective 12/31/2013; $33.00 effective 1/1/2017. $18.00 per month for each year of benefit service for Hurtsboro effective 1/1/2007; $19.00 effective 1/1/2008; $21.00 effective 1/1/2010; $22.00 effective 1/1/2011; $24.00 effective 1/1/2012; $27.00 effective 1/1/2014; $32.00 effective 12/31/2014; $33.00 effective 1/1/2017. $33.00 per month for each year of benefit service for Berkeley Special/Florisil effective 1/1/2007; $35.00 effective 1/1/2014.
Mapleton Depot	Immediately for employees hired before 5/3/2009. Employees hired on or after 5/3/2009 are not eligible.	From date of hire if hired before 9/1/1996. Generally from 5/1/2004 if hired after 8/31/1996.	$29.00 per month for each year of benefit service effective 1/1/2007; $31.00 effective 1/1/2008; $33.00 effective 1/1/2013; $35.00 effective 1/1/2014; $36.00 effective 1/1/2015; $37.00 effective 1/1/2016; $38.00 effective 1/1/2017; $39.00 effective 1/1/2018; $40.00 effective 1/1/2019; $41.00 effective 1/1/2020.

Hourly Plan/Location	Eligibility Begins	Benefit Service Calculation	Accrued Benefit Amount of Benefit Paid as a Life Annuity
Berkeley Springs	Immediately for employees hired before 10/11/2008. Employees hired on or after 10/11/2008 are not eligible.	From date of hire.	$34.00 per month for each year of benefit service effective 1/1/2008; $35.00 effective 1/1/2009; $36.00 effective 1/1/2010; $37.50 effective 1/1/2011; $38.00 effective 1/1/2012; $39.00 effective 1/1/2013; $40.00 effective 1/1/2014; $41.00 effective 1/1/2015; $42.00 effective 1/1/2016; $43.00 effective 1/1/2017; $44.00 effective 1/1/2018; $45.00 effective 1/1/2019; $46.00 effective 1/1/2020.
Mill Creek	Immediately for employees hired before 10/1/2006. Employees hired on or after 10/1/2006 are not eligible.	From date of hire.	$29.00 per month for each year of benefit service effective 1/1/2008; $30.00 effective 1/1/2009; $31.00 effective 1/1/2010; $32.00 effective 1/1/2011; $33.50 effective 1/1/2013; $35.00 effective 1/1/2014; $36.50 effective 1/1/2015; $38.00 effective at 1/1/2016; $39.00 effective 1/1/2017.
Pacific	Immediately for employees hired before 8/1/1997. Employees hired on or after 8/1/1997 are not eligible.	Service prior to 5/7/1956 is not included. Benefit service frozen at 7/31/1997.	$18.00 per month for each year of benefit service.
Ottawa	Immediately for employees hired before 6/16/2006. Employees hired on or after 6/16/2006 are not eligible.	From date of hire.	$34.00 per month for each year of benefit service effective 1/1/2008; $36.00 effective 1/1/2009; $38.00 effective 1/1/2010; $40.00 effective 1/1/2011; $42.00 effective 1/1/2012; $44.00 effective 1/1/2013; $46.00 effective 1/1/2014; $48.00 effective 1/1/2015; $49.00 effective 1/1/2016; $50.00 effective 1/1/2017; $51.00 effective 1/1/2018.

Hourly Plan/Location	Eligibility Begins	Benefit Service Calculation	Accrued Benefit Amount of Benefit Paid as a Life Annuity
Kosse	Immediately for employees hired before 5/5/2007. Employees hired on or after 5/5/2007 are not eligible.	From date of hire.	For benefit service prior to 1/1/2010, multiplier varies by hire date. $30.00 per month for each year of benefit service effective 1/1/2010; $32.00 effective 1/1/2011; $33.00 effective 1/1/2012; $35.00 effective 1/1/2014; $36.50 effective 1/1/2016; $38.00 effective 1/1/2017; $39.00 effective 1/1/2018; $40.00 effective 1/1/2019.
Mauricetown	After completion of one year of service if hired before 5/1/2008. Employees hired on or after 5/1/2008 are not eligible.	From the later of date of hire or 4/1/1971.	$23.50 per month for each year of benefit service effective 1/1/2006; $25.50 effective 1/1/2008; $26.50 effective 1/1/2009; $27.50 effective 1/1/2010; $28.50 effective 1/1/2011; $29.50 effective 1/1/2012; $30.50 effective 1/1/2013; $31.50 effective 1/1/2014; $32.50 effective 1/1/2015; $33.50 effective 1/1/2016; $34.50 effective 1/1/2017; $35.50 effective 1/1/2018; $36.50 effective 1/1/2019; $37.50 effective 1/1/2020.

	Normal Retirement Benefits		Early Retirement Benefits	
Hourly Plan/Location	**Eligibility**	**Amount of Benefit**	**Eligibility**	**Amount of Benefit**
Non-Union Hourly	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month, first 60 months, 5/18% per month next 60 months prior to age 65.
Mapleton Depot	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month, first 60 months, 5/18% per month next 60 months prior to age 65.
Berkeley Springs	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month, first 60 months, 5/18% per month next 60 months prior to age 65.
Mill Creek	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month, first 60 months, 5/18% per month next 60 months prior to age 65.
Pacific	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month, first 60 months, 5/18% per month next 60 months prior to age 65.
Ottawa	Age 65	Accrued benefit	Age 55 and 15 years of vesting service. Age 62 and 10 years of vesting service and hired before 6/15/1996. 30 years of vesting service and hired before 6/15/1996.	Accrued benefit reduced 5/9% per month prior to age 65. Double the accrued benefit for the lesser of three years or until Social Security retirement age. Accrued benefit unreduced.

	Normal Retirement Benefits		Early Retirement Benefits	
Hourly Plan/Location	**Eligibility**	**Amount of Benefit**	**Eligibility**	**Amount of Benefit**
Kosse	Age 65	Accrued benefit	Age 55 and 15 years of vesting service.	Accrued benefit reduced 5/9% per month first 60 months, 5/18% per month next 60 months before 65.
Mauricetown	Age 65	Accrued benefit	Age 55 and 20 years of vesting service.	Actuarially equivalent to normal retirement benefit.

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	Deferred Retirement Benefits		Vesting	
Hourly Plan/Location	**Eligibility**	**Amount of Benefit**	**Eligibility**	**Amount of Benefit**
Non-Union Hourly	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Mapleton Depot	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Berkeley Springs	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Mill Creek	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age. Normal form is unreduced 100% joint and survivor starting in 2006.
Pacific	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Ottawa	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Kosse	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.
Mauricetown	After age 65	Accrued benefit	100% vested after 5 years of vesting service.	Accrued benefit payable at normal retirement age.

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	Death		Disability	
Hourly Plan/Location	**Eligibility**	**Amount of Benefit**	**Eligibility**	**Amount of Benefit**
Non-Union Hourly	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	15 years of vesting service.	Accrued benefit payable upon disability.
Mapleton Depot	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	10 years of vesting service.	Accrued benefit payable upon disability.
Berkeley Springs	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	10 years of vesting service.	Accrued benefit payable upon disability.
Mill Creek	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, unreduced 100% joint and survivor benefit. Company pays for coverage.	15 years of vesting service.	Accrued benefit payable upon disability.
Pacific	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	15 years of vesting service.	Accrued benefit payable upon disability.
Ottawa	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	10 years of vesting service.	Accrued benefit payable upon disability until age 65. Accrued benefit payable at age 65 based on benefit level in effect at age 65.

	Death		Disability	
Hourly Plan/Location	**Eligibility**	**Amount of Benefit**	**Eligibility**	**Amount of Benefit**
Kosse	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit. Company pays for coverage.	15 years of vesting service.	Accrued benefit payable upon disability until age 65. Accrued benefit payable at age 65 based on benefit level in effect at age 65.
Mauricetown	5 years of vesting service. Payment deferred to participant's age 55	Early retirement amount, actuarially reduced 50% joint and survivor benefit.	Age 50 and 10 years of vesting service.	Accrued benefit payable upon disability.

Hourly Plan/Location	Optional Forms of Retirement Benefit	Actuarial Equivalence
Non-Union Hourly	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; lump sum or partial lump sum and partial annuity, if present value is below $350,000.	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Mapleton Depot	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Berkeley Springs	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Mill Creek	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; joint and 100% annuitant option; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Pacific	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Ottawa	Joint and 55% annuitant option; joint and 75% annuitant option; single life annuity; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Kosse	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; lump sum if present value is below $5,000	Based on an interest rate of 6% and the 1984 Unisex Pensioners Mortality Table
Mauricetown	Joint and 50% annuitant option; joint and 75% annuitant option; single life annuity; 10 year certain and continuous annuity; Social Security level income option; lump sum if present value is below $5,000.	Based on an interest rate of 7% and the 1984 Unisex Pensioners Mortality Table

Former Minerals Salaried Pension Plan

Effective Date	December 1, 2006. The latest amendment dated November 29, 2019. Effective November 30, 2019, the Minerals Salaried Pension Plan was merged into the U.S. Silica Company Retirement Plan.
Eligibility for Participation	Salaried employees become participants on their date of hire. New hires on or after January 1, 2007 are not eligible to participate in the plan.
Accrued Benefit	Cash balance account, expressed in the form of a single life annuity, plus the accrued pension benefit under the prior plan formula.
Accrued Pension	The larger of (1), (2) or (3): (1) Larger of (a) 1.1% of average pay multiplied by pension service or (b) 2% of average pay multiplied by pension service up to 20 years, plus 1% of average pay multiplied by pension service in excess of 20 years but not more than 30 years, minus 2.5% of Social Security multiplied by pension service up to 20 years. (2) Larger of (a) 1% of average pay multiplied by pension service or (b) 2% of average pay multiplied by pension service up to 20 years, plus 0.5% of average pay multiplied by pension service in excess of 20 years but not more than 30 years, minus 2.5% of Social Security multiplied by pension service up to 20 years. The resulting benefit shall be divided by 0.93. (3) $20 multiplied by pension service up to 20 years. Benefit accruals were frozen on December 31, 2003.
Compensation	Total wages during a plan year including elective contributions not included in gross income but excluding moving or educations reimbursement expense, amounts deferred under any nonqualified deferred compensation program, amounts realized from the exercise of stock options, and other fringe benefits.

Contribution Credits

As of each credit date, an amount equal to 4% of compensation plus 4% of compensation in excess of the taxable wage base for such calendar year.

Interest Credits

Interest credits are determined by multiplying the account balance at the beginning of the year by the 10-year Treasury bond rate for November of the prior year.

Transition Credits

Employees actively employed on January 1, 2004 shall receive as of each credit date, an amount equal to the following percentage determined based on combined age and benefit service as of January 1, 2004 multiplied by compensation plus compensation in excess of the taxable wage base for such calendar year:

Points	Credit
Less than 40	0.0%
40–44	0.5%
45–49	1.0%
50–54	1.5%
55–59	2.0%
60–64	2.5%
65–69	3.0%
70 and over	3.5%

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly amount equal to the sum of the cash balance benefit expressed in the form of a single life annuity plus the accrued pension under the prior plan.

Early Retirement

Eligibility

Age 55 and ten years of vesting service.

Benefit

A monthly benefit equal to the accrued pension reduced by 0.4% for each month the early retirement precedes normal retirement plus the cash balance account payable immediately as a lump sum or converted to another actuarially equivalent form of payment.

Late Retirement

Eligibility

Retirement after normal retirement age.

Benefit

The accrued pension plus the cash balance account as of late retirement age.

Vested Termination	
Eligibility	Three years of vesting service.
Benefit	The accrued pension at the date of termination. Reduced payments of the accrued pension may begin any time after eligibility for early retirement reduced by 0.45% for each month the early retirement precedes normal retirement. The cash balance account is payable immediately as a lump sum or converted to another actuarially equivalent form of payment.
Surviving Spouse (Accrued Pension)	
Eligibility	Married with three years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Surviving Spouse or Designated Beneficiary (Cash Balance)	
Eligibility	Three years of vesting service.
Benefit	The cash balance account balance, payable immediately upon the death of the participant. Surviving spouse may elect actuarially equivalent single life annuity.
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 spouse receives 50% of reduced benefit upon participant's death.
Optional Forms of Annuity	Single life annuity 10-year certain and life annuity Joint and survivor annuity (50%, 75% or 100%) Joint and survivor annuity with ten years certain Lump sum of the cash balance account
Actuarial Equivalence	Factors as specified in the plan document.

Definitions

Benefit Service	Benefit service is credited based on the period of employment rounded to the nearest 1/12th of a year.
Vesting Service	Vesting service is credited based on the period of employment rounded to the nearest 1/12th of a year.

Former Minerals Hourly Pension Plan

Effective Date	December 1, 2006. The latest amendment dated November 29, 2019. Effective November 30, 2019, the Minerals Hourly Pension Plan was merged into the U.S. Silica Company Retirement Plan.
Eligibility for Participation	Common law employees employed at the Clark, Nevada facility plant of the Employer in Hourly Employee Group 5C289 represented by Lodge D-263 of the Cement, Lime, Gypsum and Allied Workers' Division of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers become participants on the date they perform one hour of service. New hires on or after January 1, 2010 are not eligible to participate in the plan.
Accrued Benefit	Cash balance account, expressed in the form of a single life annuity, plus the accrued pension benefit under the prior plan formula.
Accrued Pension	A monthly amount equal to $20.00 multiplied by years of benefit service up to a maximum of 40 years. Benefit accruals were frozen on December 31, 2003.
Contribution Credits	As of each credit date, an amount as per the table below:

Effective Date	Credit
1/1/2004 – 7/31/2006	$500
8/1/2006 – 7/31/2007	$550
8/1/2007 – 7/31/2008	$600
On or after 8/1/2008	$650

Interest Credits	Interest credits are determined by multiplying the account balance at the beginning of the year by the 10-year Treasury bond rate for November of the prior year.

Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of the cash balance benefit expressed in the form of a single life annuity plus the accrued pension under the prior plan.
Early Retirement	
Eligibility	Age 60 and fifteen years of vesting service.
Benefit	A monthly benefit equal to the accrued pension reduced by 0.5% for each month the early retirement precedes normal retirement plus the cash balance account payable immediately as a lump sum or converted to another actuarially equivalent form of payment.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The accrued pension plus the cash balance account as of late retirement age.
Vested Termination	
Eligibility	Three years of vesting service.
Benefit	The accrued pension 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. The cash balance account is payable immediately as a lump sum or converted to another actuarially equivalent form of payment.
Disability	
Eligibility	Age 50 and ten years of vesting service.
Benefit	The accrued pension at the date of disability, payable immediately without reductions for early commencement. The cash balance account is payable immediately as a lump sum or converted to another actuarially equivalent form of payment.
Surviving Spouse (Accrued Pension)	
Eligibility	Married with three years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee’s earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Surviving Spouse or Designated Beneficiary (Cash Balance)	
Eligibility	Three years of vesting service.
Benefit	The cash balance account balance, payable immediately upon the death of the participant. Surviving spouse may elect actuarially equivalent single life annuity.
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 spouse receives 50% of reduced benefit upon participant's death.
Optional Forms of Annuity	Single life annuity Joint and survivor annuity (50%, 75% or 100%) Lump sum of the cash balance account
Actuarial Equivalence	Factors as specified in the plan document.
Definitions	
Benefit Service	Benefit service is credited based on the period of employment rounded to the nearest 1/12th of a year.
Vesting Service	Vesting service is credited based on the period of employment rounded to the nearest 1/12th of a year.

Plan Changes

The January 1, 2020 funding valuation reflected the following plan changes:

- The Minerals Hourly Pension Plan and Minerals Salaried Pension Plan merged into this plan effective November 30, 2019. Coincident with the merger the plan year for the Minerals Hourly Pension Plan and Minerals Salaried Pension Plan changed from December 1 to November 30 to calendar year.
- During 2019, terminated vested participants were provided with a temporary window during which they could elect to receive their pension benefit as a single lump sum payment.
- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual pay limit under IRC section 401(a)(17) from $280,000 in 2019 to $285,000 in 2020.
- An increase in the annual maximum benefit under IRC section 415 from $225,000 in 2019 to $230,000 in 2019.

The January 1, 2019 funding valuation reflected the following plan changes:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual pay limit under IRC section 401(a)(17) from $275,000 in 2018 to $280,000 in 2019.
- An increase in the annual maximum benefit under IRC section 415 from $220,000 in 2018 to $225,000 in 2019.
- A new bifurcated payment option (partial lump sum / partial annuity) was added to the plan effective January 1, 2018, with eligibility limited as follows:
  - Salaried and non-union hourly participants who retire or terminate on or after January 1, 2015 with annuity start dates on or after January 1, 2018.
  - Lump sum amount is less than or equal to $350,000.
  - Not retiring under Disability Retirement under the plan.

The January 1, 2018 funding valuation reflected the following plan changes:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual pay limit under IRC section 401(a)(17) from $270,000 in 2017 to $275,000 in 2018.
- An increase in the annual maximum benefit under IRC section 415 from $215,000 in 2017 to $220,000 in 2018.
- Berkeley Springs
  - The new monthly benefit level for all participants is $44.00 effective January 1, 2018; $45.00 effective January 1, 2019; $46.00 effective January 1, 2020.

- Columbia
  - The new monthly benefit level for all participants is $33.00 effective January 1, 2017.
- Dubberly
  - The new monthly benefit level for all participants is $33.00 effective January 1, 2017.
- Hurtsboro
  - The new monthly benefit level for all participants is $33.00 effective January 1, 2017.
- Kosse
  - The new monthly benefit level for all participants is $39.00 effective January 1, 2018 and $40.00 effective January 1, 2019.
- Mapleton Depot
  - The new monthly benefit level for all participants is $39.00 effective January 1, 2018; $40.00 effective January 1, 2019, and $41.00 effective January 1, 2020.
- Montpelier
  - The new monthly benefit level for all participants is $33.00 effective January 1, 2017.

The January 1, 2017 funding valuation reflected the following plan changes:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual pay limit under IRC section 401(a)(17) from $265,000 in 2016 to $270,000 in 2017.
- An increase in the annual maximum benefit under IRC section 415 from $210,000 in 2016 to $215,000 in 2017.
- Berkeley Springs
  - The new monthly benefit level for all participants is $42.00 effective January 1, 2016 and $43.00 effective January 1, 2017.
- Mill Creek
  - The new monthly benefit level for all participants is $39.00 effective January 1, 2017.
- Mauricetown
  - The new monthly benefit level for all participants is $34.50 effective January 1, 2017; $35.50 effective January 1, 2018, $36.50 effective January 1, 2019, and $37.50 effective January 1, 2020.

The January 1, 2016 funding valuation reflected the following plan change:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- The new monthly benefit level for Ottawa participants is $49.00 effective January 1, 2016, $50.00 effective January 1, 2017, and $51.00 effective January 1, 2018.

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. U.S. Silica Company did not make and does not intend to make an election to defer the interest rate provisions of ARPA. Therefore, this Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- For the Legacy Minerals Plans, a change in the interest rate assumption for optional form conversion from the July 2019 417(e) segment rates of 2.34%, 3.38% and 4.01% to the November 2019 417(e) segment rates of 2.04%, 3.09% and 3.68%.
- For the Legacy U.S. Silica Company Retirement Plan, a change in the salary increase assumption from 3.50% to 3.00%.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				6						
35-39				4	6	1				
40-44			1	7	5	7				
45-49				12	14	16	5			
50-54				10	19	9	6	2		
55-59				8	12	11	9	10	17	4
60-64			1	5	11	4	3	6	13	27
65-69				2	1	1	4	2	3	4
70+										2

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Legacy U.S. Silica Company Retirement Plan				
Shortfall	$ 11,074,924	January 1, 2019	14	$ 1,088,063
Legacy Minerals Salaried Pension Plan				
Shortfall	$ 3,119,687	December 1, 2019	14.91667	$ 293,984
Legacy Minerals Hourly Pension Plan				
Shortfall	$ 217,117	December 1, 2019	14.91667	$ 20,460
Merged Plan				
Shortfall	$ (2,831,178)	January 1, 2020	15	$ (265,810)
	$ 11,580,550			$ 1,136,697

ARPA shortfall relief was first applied for 2019. In this case, there should be 14 years remaining on the amortization base for 2019 and no bases for earlier plan years. Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. This Schedule SB reflects the ARPA shortfall relief retroactive to the 2019 plan year. On September 24, 2021, U.S. Silica Company made an explicit election to apply the shortfall amortization provisions of ARPA to the 2019 plan year for the U.S. Silica Retirement Plan. By default, this relief would have applied starting with the 2022 plan year.