

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>U.S. SILICA COMPANY RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>028</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1974</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>028</u>	1c Effective date of plan <u>07/01/1974</u>	
1b Three-digit plan number (PN) ▶	<u>028</u>				
1c Effective date of plan <u>07/01/1974</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>U.S. SILICA COMPANY</u> <div style="display: flex; justify-content: space-between;"> <div> <u>24275 KATY FREEWAY</u> <u>SUITE 600</u> <u>KATY, TX 77494-7271</u> </div> <div> <u>24275 KATY FREEWAY</u> <u>SUITE 600</u> <u>KATY, TX 77494-7271</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-0958670</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>301-682-0600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>212320</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-0958670</u>	2c Plan Sponsor's telephone number <u>301-682-0600</u>	2d Business code (see instructions) <u>212320</u>	
2b Employer Identification Number (EIN) <u>23-0958670</u>					
2c Plan Sponsor's telephone number <u>301-682-0600</u>					
2d Business code (see instructions) <u>212320</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	DEAN CASTLEBERRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	1192
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)	244
a(2) Total number of active participants at the end of the plan year		6a(2)	217
b Retired or separated participants receiving benefits.....		6b	567
c Other retired or separated participants entitled to future benefits		6c	144
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	928
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	229
f Total. Add lines 6d and 6e		6f	1157
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	
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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.
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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		01/01/2021	12/31/2021

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

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(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. Specify nature of costs ▶	6d	

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	
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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	
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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	
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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. Specify nature of costs.	10b	

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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>U.S. SILICA COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>028</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>U.S. SILICA COMPANY</u>	D Employer Identification Number (EIN) <u>23-0958670</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>121877680</u>
b Actuarial value	2b <u>112056703</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>797</u> (2) Vested Funding Target <u>83162953</u> (3) Total Funding Target <u>83162953</u>
b For terminated vested participants.....	<u>155</u> <u>7030939</u> <u>7030939</u>
c For active participants	<u>244</u> <u>24122474</u> <u>24830873</u>
d Total.....	<u>1196</u> <u>114316366</u> <u>115024765</u>
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 <u>5.51</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>704960</u>
b Expected plan-related expenses	6b <u>1740000</u>
c Total (line 6a + line 6b)	6c <u>2444960</u>

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
<u>ROBERT S. PRICE JR.</u>	<u>20-05794</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>404-261-3400</u>
Firm name	Telephone number (including area code)
<u>PO BOX 551343</u> <u>ATLANTA, GA 30355</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2021
v. 201209

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)		1404925
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)		1404925
10 Interest on line 9 using prior year's actual return of <u>13.92</u> %		195566
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2049864
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.66</u> %		116022
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		2165886
d Portion of (c) to be added to prefunding balance		2165886
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	3766377

Part III Funding Percentages

14 Funding target attainment percentage	14	94.14 %
15 Adjusted funding target attainment percentage	15	94.14 %
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	90.18 %
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
04/14/2021	1300000	0			
07/14/2021	200000	0			
Totals ▶			18(b)	1500000	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	1474851

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ 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 6c)**31a**

2444960

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

6734439

731656

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**

3176616

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

1701765

1701765

36 Additional cash requirement (line 34 minus line 35)**36**

1474851

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1474851

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST COMPANY
36-1561860

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

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

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

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		747638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	126377	Yes ☐ No ☒	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	95388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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?
		93558	Yes ☐ No ☒	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		81250	Yes ☐ No ☒	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?
		14000	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
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(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:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)	1300000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	325754	314024
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8572041	6908016
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	40877092	39038831
(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)	1020416	2743181
(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)	69767924	71907036
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	17000	16889

		(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	121880227 120927977
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	121880227 120927977

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1500000
	(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)	1500000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	21226
	(C) Corporate debt instruments	2b(1)(C)	1276481
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	12176
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1309883
(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)	1730055
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1730055
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27926005
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28882846
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-956841
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-1789641
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-1789641

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3084
(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)		8750654
c Other income.....	2c		-111
d Total income. Add all income amounts in column (b) and enter total.....	2d		10547083
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9544866	
(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)		9544866
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)	1031834	
(3) Investment advisory and management fees.....	2i(3)	126377	
(4) Other.....	2i(4)	796256	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1954467
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11499333
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-952250
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: 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:

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

	Yes	No	Amount
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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: 59.6 % Investment-Grade Debt: 38.1 % High-Yield Debt: 2.3 % 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, 2021 AND 2020
AND INDEPENDENT AUDITOR'S REPORT



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 audits 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 statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits 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 certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, 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 audits 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 accompanying 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 accompanying 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 audits 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 audits. 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 audits 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, 2021 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 audits 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 13, 2022

U.S. SILICA COMPANY RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Mutual funds	\$ 71,907,036	\$ 69,767,924
Corporate bonds and notes	39,038,831	40,877,092
Government securities	6,908,016	8,572,041
Collective trust fund	2,743,181	1,020,416
Life insurance contract	<u>16,889</u>	<u>17,000</u>
Total investments, at fair value	<u>120,613,953</u>	<u>120,254,473</u>
 Receivables:		
Employer contributions	-	1,300,000
Accrued interest	<u>314,024</u>	<u>325,754</u>
Total receivables	<u>314,024</u>	<u>1,625,754</u>
 Net assets available for benefits	 <u>\$ 120,927,977</u>	 <u>\$ 121,880,227</u>

(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, 2021

Additions to Net Assets Attributable to:

Investment income:

Net appreciation in fair value of investments	\$ 6,004,062
Interest and dividends	<u>3,043,021</u>
	<u>9,047,083</u>

Employer contributions	<u>1,500,000</u>
------------------------	------------------

Deductions from Net Assets Attributable to:

Benefits paid to participants	9,544,866
Administrative expenses	<u>1,954,467</u>
	<u>11,499,333</u>

Change in net assets available for benefits	(952,250)
--	------------------

Net Assets Available for Benefits at:

Beginning of year	<u>121,880,227</u>
End of year	<u>\$ 120,927,977</u>

(See accompanying notes to financial statements)

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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. The Plan was amended and restated effective January 1, 2021 to incorporate all prior amendments. There were no changes to plan provisions.

General

The Plan is a noncontributory defined benefit pension plan covering certain hourly and salaried employees of U.S. Silica Company (USS) and EPMinerals, LLC (Minerals), a subsidiary of 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 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. 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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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. Through a plan amendment effective December 31, 2021, the cash balance formula provision is frozen for future accruals of the cash balance account and to new hires or rehires. 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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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 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

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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 contract: 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 determine 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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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, 2021 or 2020.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

<u>Description</u>	<u>December 31, 2021</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual funds	\$71,907,036			\$ 71,907,036
Government securities		\$ 6,908,016		6,908,016
Corporate bonds and notes		39,038,831		39,038,831
Life insurance contract			<u>\$16,889</u>	<u>16,889</u>
Total investments in the fair value hierarchy	<u>\$71,907,036</u>	<u>\$45,946,847</u>	<u>\$16,889</u>	117,870,772
Investments measured at net asset value*				<u>2,743,181</u>
Total investments at fair value				<u>\$120,613,953</u>

<u>Description</u>	<u>December 31, 2020</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
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 contract			<u>\$17,000</u>	<u>17,000</u>
Total investments in the fair value hierarchy	<u>\$69,767,924</u>	<u>\$49,449,133</u>	<u>\$17,000</u>	119,234,057
Investments measured at net asset value*				<u>1,020,416</u>
Total investments at fair value				<u>\$120,254,473</u>

*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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

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-2021, and Scale MP-2020, for 2021 and 2020, respectively), (b) retirement age (the weighted average retirement age was 64 for 2021 and 2020), (c) discount rate of 2.84% for 2021 and 2.49% for 2020, (d) expected long-term rate of return on assets of 6.00% for 2021 and 5.75% for 2020.

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 was made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, 2021 and 2020 there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2021 and 2020 is:

	<u>2021</u>	<u>2020</u>
Vested benefits:		
Retired participants and beneficiaries	\$103,284,333	\$106,379,825
Other participants	<u>40,522,523</u>	<u>47,092,275</u>
Total vested benefits	143,806,856	153,472,100
Non-vested benefits	<u>733,745</u>	<u>865,573</u>
Total actuarial present value of accumulated plan benefits	<u>\$144,540,601</u>	<u>\$154,337,673</u>

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

**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, 2021 are:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$154,337,673</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	3,724,827
Benefits paid	(9,544,866)
Plan amendments	363,927
Assumption changes	(5,884,942)
Other changes	<u>1,543,982</u>
Net decrease	<u>(9,797,072)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$144,540,601</u>

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 all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021, 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, 2021.

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.

U.S. SILICA COMPANY RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
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NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed USS by a letter dated November 5, 2021, 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, 2021 and 2020, 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 13, 2022, 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, 2021

(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	\$ 5,498,419	\$ 6,374,811
	Fidelity	Fidelity Intl Index-Inst PRM	17,801,779	21,719,482
	Fidelity	Fidelity Concord Str TR Spartan Extended Mkts Index Fund	8,629,972	11,410,783
	Fidelity	Fidelity 500 Index-Inst Prem	13,929,519	22,907,351
	Principal Financial Group	MFO Principal FDS Inc Diversified Real Asset Fund	9,601,944	9,494,609
			<u>55,461,633</u>	<u>71,907,036</u>
Government securities:				
	United States Treasury	United States Treas Bds WIT 1 7/8 1.75% due 8/15/2041	281,527	282,070
	United States Treasury	United States Treas Bds 2.25% due 5/15/2041	32,099	31,608
	United States Treasury	United States Treas NTS 1.375% due 11/15/2031	174,617	173,004
	United States Treasury	United States Treas Sec Stripped due 5/15/2046	162,075	226,653
	United States Treasury	United States Treas Sec Stripped due 11/15/2048	652,210	580,714
	United States Treasury	United States Treas Sec Stripped due 11/15/2045	142,236	208,219
	United States Treasury	United States Treas Sec Stripped due 8/15/2045	350,305	469,459
	United States Treasury	United States Treas Sec Stripped due 11/15/2046	165,292	245,758
	United States Treasury	United States Treas Sec Stripped due 11/15/2049	778,668	688,511
	United States Treasury	United States Treas Sec Stripped Zero Coupon due 11/15/2048	507,224	556,199
	United States Treasury	US Treas N/B 1.25% due 8/15/2031	358,148	362,195
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2042	304,341	452,596
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2043	340,816	509,258
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2044	696,175	832,708
	United States Treasury	UTD States Treas Zero Cpn due 8/15/2047	500,151	754,182
	United States Treasury	UTD States Treas Zero Cpn due 11/15/2044	213,102	307,403
	California State	California St 7.3% due 10/01/2039	199,336	227,479
			<u>5,858,322</u>	<u>6,908,016</u>
Corporate bonds and notes:				
	Anheuser-Busch	Anheuser Busch Inbev Worldwide 4.75% due 1/23/2029	235,212	232,977
	Canadian National	CDN Natl RY Co 2.45% due 5/1/2050	223,647	219,540
	Manulife Financial Corp	Manulife Financial Corp 4.061% due 2/24/2032	171,377	166,862
	Alibaba Group Holding	Alibaba Group Hldg 3.6% due 11/28/2024	217,165	220,949
	Electricite de France	EDF S A 4.95% due 10/13/2045	91,136	106,993
	BNP Paribas	BNP Paribas Sr Non Fltg Rt 3.052% due 1/31/2031	229,642	226,534
	Siemens Financier	PVTPL Siemens Financieringsmat 3.4% due 3/16/2027	380,367	399,004
	Aercap Ireland	Aercap Ireland Cap/Global 1.65% due 10/29/2024	245,740	244,610
	Mitsubishi Financial Group	Mitsubishi UFJ Finl Group Inc 2.193% due 2/25/2025	220,156	224,445

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, 2021**

(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	\$ 222,141
	Shell International	Shell Intl Fin B V 2.5% due 9/12/2026	157,392	167,484
	Statoil ASA	Statoil ASA 3.95% due 5/15/2043	197,180	233,189
	Santander Group	Banco Santander SA 3.848% due 4/12/2023	207,035	212,066
	Telefonica	Telefonica Fixed 4.103% due 3/8/2027	283,593	269,838
	Barclays	Barclays Plc 1.007% due 12/10/2024	235,155	233,313
	Lloyds BKG Group	Lloyds BKG Group 4.05% due 8/16/2023	184,549	178,128
	Natwest Group	Natwest Group PLC 1.642% due 6/14/2027	145,194	143,092
	AbbVie Inc.	AbbVie Inc 3.2% due 11/6/2022	117,008	116,945
	AbbVie Inc.	AbbVie Inc 3.2% due 11/21/2029	204,710	203,337
	Aflac Inc.	Aflac Inc 3.6% due 4/1/2030	140,344	137,921
	Alabama Power Company	Alabama Pwr Co 4.3% due 1/2/2046	268,522	270,342
	Allstate Corporation	Allstate Corp 4.2% due 12/15/2046	353,626	379,352
	Amazon Com Inc.	Amazon Com Inc 2.5% due 6/3/2050	435,264	415,883
	Ameren Illinois Company	Ameren ILL Co 3.7% due 12/01/2047	471,458	512,488
	American Honda Finance Corporation	American Honda Fin Corp Med Term NTS .65% due 9/8/2023	64,971	64,810
	American Tower Corporation	American Tower Corp 2.75% due 1/15/2027	397,463	402,206
	Ameriprise	Ameriprise Finl 2.875% due 9/15/2026	156,034	163,258
	American International Group	Amern Intl Group 3.4% due 6/30/2030	207,856	216,488
	Anthem Inc.	Anthem Inc 3.65% due 12/01/2027	356,178	373,253
	Apple Inc.	Apple Inc. 3.35% due 2/9/2027	416,211	445,238
	Apple Inc.	Apple Inc. 4.375% due 5/13/2045	485,030	562,947
	AT&T	AT&T Inc 1.65% due 2/1/2028	161,083	156,741
	AT&T	AT&T Inc 4.35% due 3/1/2029	111,123	106,800
	AXA Equitable Holdings Inc	AXA Equitable Fixed 3.9% due 4/20/2023	134,436	132,463
	Bank of America Corporation	Bank Amer Corp 2.087% due 6/15/2029	523,404	516,787
	Bank of America Corporation	Bank of America Corp 2.676% due 6/19/2041 / 6/16/2020	136,224	135,135
	Truist Financial Corporation	BB&T BRH BKG & TR Fixed 2.636% due 9/17/2029	219,586	226,254
	Berkshire Hathaway	Berkshire Hathaway 3.5% due 2/1/2025	287,132	285,891
	Berkshire Hathaway	Berkshire Hathaway 4.3% due 5/15/2043	424,160	431,980
	Boeing Company	Boeing Co 2.8% due 3/1/2023	271,602	269,715
	Boston Gas Company	Bost Gas Co 3.001% due 8/1/2029	243,152	239,754
	BP Group	BP Cap Mkts Amer 3.119% due 5/4/2026	226,937	253,866
	BP Group	BP Cap Mkts Amer 2.939% due 6/4/2051	139,815	149,371
	BNSF Railway Company	Burlingt Northn Santa Fe 5.15% due 9/1/2043	332,130	355,921
	Capital One Financial Corporation	Cap 1 Finl Corp 3.9% due 1/29/2024	200,100	210,498
	Centerpoint Energy, Inc.	Centerpoint Energy Res Corp 1.75% due 10/1/2030	140,114	142,240
	Chubb INA Holdings Inc.	Chubb INA Holdings 4.35% due 11/3/2045	61,190	62,026
	Cigna Corporation	Cigna Corp New 2.4% due 3/15/2030	175,159	166,504
	Cisco Systems, Inc.	Cisco Sys Inc 5.5% due 1/15/2040	279,950	279,171
	Citigroup Inc	Citigroup Inc Fixed 2.666% due 1/29/2031	264,040	264,198
	Coca Cola Company	Coca Cola Co 2.6% due 6/1/2050	234,711	235,291
	Comcast Corporation	Comcast Corp New 2.35% due 1/15/2027	422,291	466,323

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, 2021**

(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 3.4% due 7/15/2046	\$ 166,774	\$ 164,755
	Comcast Corporation	Comcast Corp New 3.25% due 1/15/2033	297,230	339,844
	Commonwealth Edison Company	COMWLTH Edis 3.7% due 3/1/2045	271,422	335,686
	Conagra Brands Inc.	Conagra Brands Inc 1.375% due 11/1/2027	239,183	229,373
	Conoco Inc.	Coco Inc 6.95% due 4/15/2029	184,248	184,339
	Consolidated Edison	Cons Edison Co N Y Inc 4.45% due 3/15/2044	279,005	305,518
	Consumers Energy	Consumers Energy 3.25% due 8/15/2046	210,654	222,998
	Corporate Office Properties LP	Corporate Office PPTYS L P 2.0%	126,633	125,098
	Costco Wholesale Corporation	Costco Wholesale Corp New 1.6% due 4/20/2030	99,825	96,979
	CVS Health Corporation	CVS Health Corp 1.75% due 8/21/2030	134,779	128,789
	CVS Health Corporation	CVS Health Corp 3% due 8/15/2026	215,718	227,153
	CVS Health Corporation	CVS Health Corp 4.3% due 3/25/2028	74,070	72,996
	Deere John	Deere & Co Fixed 3.1% due 4/15/2030	309,248	307,457
	Walt Disney Company	Disney Walt Co 2.00% due 9/1/2029	167,711	164,288
	Dowdupont Inc	Dowdupont Inc 4.493% due 11/15/2025	199,000	215,563
	DTE Electric Company	DTE Elec Co 2.95% due 3/1/2050	359,359	328,713
	Duke Energy Corporation	Duke Energy Corp .9% due 9/15/2025	154,924	150,692
	Duke Energy Indiana	Duke Energy IND 3.75% due 5/15/2046	390,085	402,451
	Exxon Mobil Corporation	Exxon Mobil Corp 2.44% due 8/16/2029	176,230	179,656
	Fifth Third Bankcorp	Fifth Third Bankcorp 4.3% due 1/16/2024	127,390	121,623
	Florida Power & Light Company	FL Pwr & Lt 4.05% due 10/1/2044	277,224	261,456
	Franklin Resources Inc.	Franklin Res Inc 1.6% due 10/30/2030	350,880	354,621
	Franklin Resources Inc.	Franklin Res Inc 2.8% due 9/15/2022	294,027	305,300
	GA Power Company	GA Pwr Co Sr Nt Ser 4.3% due 3/15/2042	200,570	216,910
	General Dynamics Corporation	Gen Dynamics Corp Fixed 4.25% due 4/1/2040	159,733	146,906
	General Motors Financial Company, Inc.	General Mtrs Co 4.875% due 10/2/2023	212,156	207,169
	General Motors Financial Company, Inc.	General Mtrs Finl Co Inc 3.55% due 7/8/2022	84,947	86,234
	Gilead Sciences	Gilead Sciences 4% due 9/1/2036	352,461	339,823
	Goldman Sachs	Goldman Sachs 1.992% due 1/27/2032	169,402	163,177
	Goldman Sachs	Goldman Sachs 4% due 3/3/2024	187,112	185,563
	The Home Depot, Inc.	Home Depot Inc 4.5% due 12/6/2048	419,272	447,594
	Intel Corporation	Intel Corp 3.734% due 12/8/2047	267,948	323,463
	Intercontinental Exchange Inc.	Intercontinental Exchange Inc. 2.65% due 9/15/2040	183,355	179,167
	Johnson & Johnson	Johnson & Johnson 2.1% due 9/1/2040	99,335	94,877
	Johnson & Johnson	Johnson & Johnson 3.5% due 1/15/2048	274,214	316,439
	JP Morgan Chase & Co.	JPMorgan Chase 3.9% due 7/15/2025	537,209	541,255
	JP Morgan Chase & Co.	JPMorgan Chase 3.882% due 7/24/2038	513,952	591,463
	Kimco Realty Corporation	Kimco Rlty Corp 2.8% due 10/1/2026	168,057	176,789
	Kinder Morgan	Kinder Morgan 4.25% due 9/1/2024	555,527	543,747
	Lilly Eli & Company	Lilly Eli & Co 2.25% due 5/15/2050	118,532	110,216
	Loews Companies	Loews Corp 3.75% due 4/1/2026	248,239	259,546
	Lowe's Companies, Inc.	Lowes Cos Inc Fixed 4.5% due 4/15/2030	156,876	145,237
	Lowe's Companies, Inc.	Lowes Cos Inc 1.7% due 10/15/2030	79,758	76,092
	Mastercard Inc.	Mastercard Inc 3.65% due 6/1/2049	462,832	491,326

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, 2021

(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	\$ 265,253	\$ 289,497
	Merck & Co, Inc.	Merck & Co Inc New Fixed 2.45% due 6/24/2050	871	946
	Manufacturers & Traders Trust Company	MFRS & Traders Tr Co 3.4% due 8/17/2027	222,130	235,083
	Microsoft Corporation	Microsoft Corp 2.921% due 3/17/2052	259,121	282,498
	Mid American Energy	Midamerican Energy 4.8% due 9/15/2043	216,270	255,683
	National Rural Utils Cooperative Finance	Natral Rural Utils Coop Fin Corp 3.9% due 11/1/2028	404,733	452,493
	Nevada Power Company	Nevada Pwr Co 3.7% due 5/1/2029	124,295	131,406
	Northrop Grumman Corporation	Northrop Grumman 3.25% due 1/15/2028	116,972	112,458
	O Reilly Automotive Inc	O Reilly Automotive Inc New 1.75% due 3/15/2031	180,315	184,706
	Omnicom Group Inc.	Omnicom Group Inc 2.6% due 8/1/2031	130,334	131,882
	Oncor Electric Delivery	Oncor Elec Delivery 3.8% due 6/1/2049	275,589	284,282
	Oracle Corporation	Oracle Corp 6.5% due 4/15/2038	289,331	310,903
	Pepsico Inc	Pepsico Inc Sr NT 2.75% due 10/21/2051	250,479	262,413
	Pfizer Inc	Pfizer Inc 4% due 3/15/2049	204,418	244,415
	PNC Bank	PNC Bk N A Pittsburgh PA Medium Term 4.05% due 7/26/2028	270,617	291,746
	Prologis LP	Prologis LP 1.25% due 10/15/2030	138,244	130,343
	Prudential Financial, Inc.	Prudential Finl 3% due 3/10/2040	169,678	164,411
	Public Service Electric and Gas Company	Pub SVC Elec Gas Co Fixed 3.2% due 5/15/2029	64,630	64,518
	Public Service Electric and Gas Company	Pub SVC Elec Gas Co Secd 3.95% due 5/1/2042	253,987	270,898
	Aviation Capital Group LLC	PVTPL Aviation Cap Group 3.875% due 5/1/2023 / 5/1/2018	114,726	118,386
	Belrose Funding Trust	PVTPL Belrose FDG TR 2.33% due 8/15/2030 / 5/15/2030	286,824	284,641
	Cameron LNG, LLC	PVTRL Cameron Lng 2.902% due 7/15/2031	105,242	109,442
	Hyundai Capital America	PCTPL Hyundai Cap Amer 1.0% due 9/17/2024	124,809	122,866
	Metropolitan Life Global Funding	PVTPL Met Life 3.05% due 6/17/2029	210,307	224,422
	New York Life Insurance Company	PVTPL New York Life Ins Co 3.75% due 5/15/2050	280,933	291,282
	Penske Truck Leasing Co., LP	PVTPL Penske Truck Leasing Co L P/PTL 1.7% due 6/15/2026	129,973	128,576
	Raytheon Company	Raytheon Technologies Corp 4.875% due 10/15/2040	120,469	113,905
	Simon Property Group Inc.	Simon Ppty Group 3.375% due 6/15/2027	256,031	268,307
	Southern California Edison	Southn Cal Edis 4% due 4/1/2047	100,178	110,627
	Southwestern Public Service	Southwestn Pub Svc Fixed 4.4% due 11/15/2048	237,458	288,788
	Southwestern Public Service	Southwestn Pub Svc 4.5% due 8/15/2041	225,213	261,199
	Spectra Energy Corporation	Spectra Energy 4.75% due 3/15/2024	314,934	314,306
	State Street Corporation	State Str Corp 2.4% due 1/24/2030	209,500	216,744
	Stryker Corporation	Stryker Corp 3.375% due 11/1/2025	144,596	154,630
	Sunoco Logistics	Sunoco Logistics 3.9% due 7/15/2026	398,934	392,353
	The Travelers Company Inc.	Travelers Cos Inc. 4.05% due 3/7/2048	199,112	242,874
	The Trustees of Princeton University	Trustees of 2.516% due 7/1/2050	98,840	95,291
	United Health Group	United Health Group 4.625% due 7/15/2035	354,295	381,800
	United Parcel Service Inc.	UTD Parcel Svc Inc 3.75% due 11/15/2047	208,303	268,478
	Ventas Realty	Ventas Rlty Ltd Patnership 3.75% due 5/1/2024	160,838	167,590

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, 2021

(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):				
	Verizon Communications	Verizon Communications 4.4% due 11/1/2034	\$ 128,294	\$ 116,635
	Verizon Communications	Verizon Fixed 2.55% due 3/21/2031	144,404	146,453
	Verizon Communications	Verizon Fixed 4.016% due 12/3/2029	273,753	277,166
	Vmware, Inc.	VMware Inc Fixed 4.5% due 5/15/2025	151,018	147,066
	Walmart Inc	Walmart Inc 2.5% due 9/22/2041	539,502	541,027
	Walmart Inc	Walmart Inc 4.05% due 6/29/2048	25,513	25,508
	Wells Fargo & Company	Wells Fargo & Co New Medium Term 4.3% due 7/22/2027	418,318	440,347
	Welltower Inc	Welltower Inc 3.625% due 3/15/2024	400,892	404,972
	Westar Energy	Westar Energy 3.1% due 4/1/2027	163,803	168,868
	Wyeth LLC	Wyeth 6.45% due 2/1/2024	247,141	221,698
	Benchmark	Benchmark 2020-IG2 VAR RT 3.29306% due 9/15/2048	285,256	272,835
	CSMC 14-USA	CSMC 2014-USA 4.3738% due 9/1/2037	96,855	93,453
	2016-K60 Mortgage Trust	FREMF 2016-K60 3.540% due 12/25/2049	106,777	114,383
	2016-K53 Mortgage Trust	PVTPL CMO FREMF 2016-K53 4.02118 % due 1/25/2026	125,313	136,078
	2019-K91 Mortgage Trust	PVTPL CMO FREMF 2019-K91 4.39774% due 4/25/2051	248,822	259,555
	Shops at Crystals Trust	PVTPL CMO Shops at Crystals 2016-CSTL 3.7311% due 7/5/2036	182,633	185,030
	SOHO Trust 2021	PVTPL CMO SOHO TR 2021-SOHO 2.69659% due 8/10/2038	170,631	165,428
	SLG Office Trust	SLG Office TR 2.5854% due 7/15/2041	404,102	399,399
	Wells Fargo Commercial Mortgage Trust	Wells Fargo Cml FLTGT RT 4.34056% due 12/15/2059	45,861	48,697
	Black Diamond Capital Management	Black Diamond CLO 2021-1 Ltd 1.4515% due 11/22/2034	250,000	249,999
	Magnetite XIX Ltd	PVTPL Magnetite XIX Ltd / LLC 1.17225% due 4/17/2034	430,000	430,975
	Credit Acceptant Auto Loan Trust	Credit Accep Auto Ln Tr 2021-4 1.74% due 12/16/2030	129,969	128,864
	Finance of America Structured Securities Trust	Finance Amer Structured Secs 2% due 9/25/2069	129,388	143,064
	Bayview Opportunity Master Trust	PVTPL Bayview Opportunity Master 4.19% due 8/28/2057	241,313	231,654
	DB Master Finance LLC	PVTPL DB Master Fin LLC 2.045% due 11/20/2051	165,000	161,222
	Sound Point Capital Management, LP	PVTPL Sound Point CLO 1.7315% due 10/20/2030	390,488	389,717
	Benchmark	Benchmark 2020-IG3 Fltg Rt 3.12572% due 9/15/2048	161,490	152,105
	CF Hippolyta Issuer LLC	CF Hippolyta 1.53% due 3/15/2061	173,578	170,386
	Mill City Mortgage Loan Trust	PVTPL CMO Mill City Mtg 3.25% due 7/25/2059	116,150	118,941
	New Residential Loan Trust	PVTPL CMO New Residential Mtg 5% due 2/25/2058	119,918	119,315
			<u>37,850,431</u>	<u>39,038,831</u>
Collective trust fund:				
*	Northern Trust Company	COLTV Short Term Investment Fund	<u>2,743,181</u>	<u>2,743,181</u>
Life insurance contract:				
	Manulife	Life Insurance Policy	<u>16,889</u>	<u>16,889</u>
			<u>\$ 101,930,456</u>	<u>\$ 120,613,953</u>

* 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, 2021

(a) Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par, or Maturity Value</u>	(c) Cost of <u>Acquisitions</u>	(d) Proceeds of <u>Dispositions</u>
BP Group	BP Cap Mkts Amer 2.772% due 11/10/2050	\$ 136,474	\$ 136,522
Coca Cola Company	Coca Cola Co 2.0% due 3/5/2031	139,458	140,638
Walmart Inc	Walmart Inc 5.625% due 4/15/2041	377,080	370,342

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, 2021

(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	\$ 8,500,000		\$ 8,500,000	\$ 8,500,000	\$ -
		7,011,756		7,011,756	7,011,756	-
		6,750,000		6,750,000	6,750,000	-
			\$ 8,374,250	8,374,250	8,374,250	-
			6,818,614	6,818,614	6,818,614	-
			6,658,403	6,658,403	6,658,403	-
Principal	MFO Principal FDS Inc Diversified Real Asset Fund	9,000,000		9,000,000	9,000,000	-
Series of Transactions:						
Northern Trust Company	COLTV Short Term Investment Fund	44,948,360		44,948,360	44,948,360	
			43,225,595	43,225,595	43,225,595	-
Principal	MFO Principal FDS Inc Diversified Real Asset Fund	9,601,944		9,601,944	9,601,944	-
Fidelity	Fidelity 500 Index-Inst Prem	895,874		895,874	895,874	
			5,550,000	3,835,870	5,550,000	1,714,130

Schedule SB Attachment (Form 5500)—2021 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, 2021

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				2	1					
35-39				2	6	1				
40-44				4	4	8				
45-49				7	18	16	1	1		
50-54				6	14	10	10	2		
55-59				5	9	10	7	8	13	2
60-64			1	2	9	5	7	5	7	21
65-69				2	3	1		3	2	6
70+								1		2

N-244

Schedule SB Attachment (Form 5500)—2021 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	\$ 10,593,544	January 1, 2019	13	\$ 1,088,063
Legacy Minerals Salaried Pension Plan	\$ 2,998,966	December 1, 2019	13.91667	\$ 293,984
Legacy Minerals Hourly Pension Plan	\$ 208,715	December 1, 2019	13.91667	\$ 20,460
Merged Plan Shortfall	\$ (2,722,796)	January 1, 2020	14	\$ (265,810)
Shortfall	\$ (4,343,992)	January 1, 2021	15	\$ (405,041)

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. For the U.S. Silica Retirement Plan, U.S. Silica Company made an election on September 24, 2021 to first apply the 15-year amortization period for the 2019 plan year. Therefore, this Schedule SB reflects the ARPA shortfall relief for the 2021 plan year.

Schedule SB Attachment (Form 5500)—2021 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 change:

- For the Legacy Minerals Plans, a change in the interest rate assumption for optional form conversion from the November 2019 417(e) segment rates of 2.04%, 3.09% and 3.68% to the November 2021 417(e) segment rates of 0.53%, 2.31% and 3.09%.

This assumption change not reduce the funding shortfall; as such, approval of the Commissioner is not required.



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

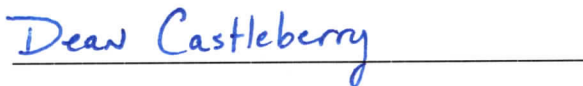
Authorized e-Signature Affidavit

Plan Name: **U.S. Silica Retirement Plan**

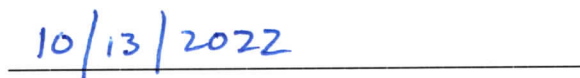
I hereby give permission to Melton & Melton, LLP to electronically file the 2021 Form 5500 for **U.S. Silica Retirement Plan**. I understand that by doing so a PDF copy of the first two pages of this Form 5500, which include my manual signature, will be included with the rest of the Form 5500 posted by the Department of Labor on the internet for public disclosure. I further understand that Melton & Melton, LLP will communicate to me any inquiries or information it may receive from EFAST2, DOL, IRS or PBGC regarding this annual return.



Signature of Plan Administrator



Printed name of Plan Administrator



Date

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

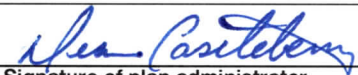
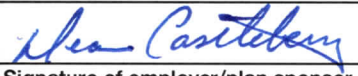
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ 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: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐ ▶ ☐

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 	<u>10/13/2022</u>	DEAN CASTLEBERRY
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	<u>10/13/2022</u>	DEAN CASTLEBERRY
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE N/A		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	1,192
---	----------	-------

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)	244
a (2) Total number of active participants at the end of the plan year	6a(2)	217
b Retired or separated participants receiving benefits	6b	567
c Other retired or separated participants entitled to future benefits	6c	144
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	928
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	229
f Total. Add lines 6d and 6e	6f	1,157
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	
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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, 2021

(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	\$ 8,500,000		\$ 8,500,000	\$ 8,500,000	\$ -
		7,011,756		7,011,756	7,011,756	-
		6,750,000		6,750,000	6,750,000	-
			\$ 8,374,250	8,374,250	8,374,250	-
			6,818,614	6,818,614	6,818,614	-
			6,658,403	6,658,403	6,658,403	-
Principal	MFO Principal FDS Inc Diversified Real Asset Fund	9,000,000		9,000,000	9,000,000	-
Series of Transactions:						
Northern Trust Company	COLTV Short Term Investment Fund	44,948,360		44,948,360	44,948,360	
			43,225,595	43,225,595	43,225,595	-
Principal	MFO Principal FDS Inc Diversified Real Asset Fund	9,601,944		9,601,944	9,601,944	-
Fidelity	Fidelity 500 Index-Inst Prem	895,874		895,874	895,874	
			5,550,000	3,835,870	5,550,000	1,714,130

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	121,877,680
	b Actuarial value	2b	112,056,703
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	797	83,162,953
	b For terminated vested participants	155	7,030,939
	c For active participants	244	24,122,474
	d Total	1,196	114,316,366
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.51%
6	Target normal cost		
	a Present value of current plan year accruals	6a	704,960
	b Expected plan-related expenses	6b	1,740,000
	c Total (line 6a + line 6b)	6c	2,444,960

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. <i>RSP</i> _____ Signature of actuary ROBERT S. PRICE, JR. _____ Type or print name of actuary AON CONSULTING, INC. _____ Firm name MSC#17838 PO BOX 551343 ATLANTA GA 30355 _____ Address of the firm	<u>9/27/2022</u> _____ Date 2005794 _____ Most recent enrollment number 404-261-3400 _____ Telephone number (including area code)
------------------	--	---

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

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

Schedule SB (Form 5500) 2021
v. 201209

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	1,404,925
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	1,404,925
10	Interest on line 9 using prior year's actual return of <u>13.92%</u>	0	195,566
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,049,864
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.66%</u>		116,022
	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		2,165,886
	d Portion of (c) to be added to prefunding balance		2,165,886
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	3,766,377

Part III		Funding Percentages	
14	Funding target attainment percentage	14	94.14%
15	Adjusted funding target attainment percentage	15	94.14%
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	90.18%
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
04/14/2021	1,300,000	0			
07/14/2021	200,000	0			
Totals ▶			18(b)	1,500,000	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 1,474,851
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ 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 6c).....	31a	2,444,960	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	6,734,439		731,656
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	3,176,616	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,701,765	1,701,765
36 Additional cash requirement (line 34 minus line 35)	36	1,474,851	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,474,851	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
EIN: 23-0958670 PN: 028

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.51%	Interest Adjusted Contribution
April 14, 2021	\$ 1,300,000	103	\$ 1,280,472
July 14, 2021	<u>200,000</u>	194	<u>194,379</u>
Total Contribution	\$ 1,500,000		\$ 1,474,851

Schedule SB Attachment (Form 5500)—2021 Plan Year
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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	99.1885	0.0109	1.0762	59.1935
56	101.3161	0.0133	1.3502	75.6116
57	109.0839	0.0135	1.4711	83.8501
58	119.5949	0.0133	1.5905	92.2487
59	127.7548	0.0230	2.9332	173.0566
60	141.3092	0.0294	4.1543	249.2553
61	153.3122	0.0973	14.9211	910.1887
62	147.1947	0.1803	26.5438	1645.7187
63	130.4736	0.1923	25.0965	1581.0818
64	111.2308	0.2103	23.3953	1497.2962
65	94.8687	0.5650	53.5970	3483.8021
66	44.8738	0.5092	22.8484	1507.9958
67	24.7599	0.2817	6.9746	467.2988
68	20.5991	0.2867	5.9057	401.5863
69	15.5225	0.2980	4.6255	319.1591
70	11.7561	1.0000	11.7561	822.9262
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	2.0000	1.0000	2.0000	146.0000
Total			210.2394	13516.2693
Weighted Average				64.29

Schedule SB Attachment (Form 5500)—2021 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 2020), 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	5.36%
3rd Segment Rate	6.11%

Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
---	---

1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%

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

Schedule SB Attachment (Form 5500)—2021 Plan Year

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	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 2020 segment rates of 0.53%, 2.31%, and 3.09%
Lump Sum / Optional Form Conversion Mortality		Current IRC section 417(e) table for lump sums.

Schedule SB Attachment (Form 5500)—2021 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

2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67

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

2020 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.

Schedule SB Attachment (Form 5500)—2021 Plan Year

U.S. Silica Retirement Plan

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Expected Return on Assets

2019 Plan Year	6.25%, limited to 6.11%
2020 Plan Year	6.25%
2021 Plan Year	5.75%

Trust Expenses Included in Target Normal Cost

Amounts expected be paid from assets based on prior year actual (\$1,740,000 for 2021).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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Table 1

Retirement Rates—Former Retirement Plan I Participants

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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Table 2

Retirement Rates—Former Retirement Plan II Participants

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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Table 3

Retirement Rates—Minerals Salaried Pension Plan (Active Participants)

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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Table 4

Retirement Rates—Minerals Hourly Pension Plan (Active Participants)

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

Schedule SB Attachment (Form 5500)—2021 Plan Year

U.S. Silica Retirement Plan

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Table 5

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

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2021 Plan Year

U.S. Silica Retirement Plan

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Table 6

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

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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Table 7

Withdrawal Rates—Former Retirement Plan II Participants

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2021 Plan Year
U.S. Silica Retirement Plan
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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%			

Schedule SB Attachment (Form 5500)—2021 Plan Year

U.S. Silica Retirement Plan

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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%			

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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)—2021 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

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

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	<p>The sum of:</p> <ol style="list-style-type: none">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; and4. 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.

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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.

Schedule SB Attachment (Form 5500)—2021 Plan Year
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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.	<p>\$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.</p> <p>\$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.</p> <p>\$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.</p> <p>\$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.</p> <p>\$33.00 per month for each year of benefit service for Berkeley Special/Florisil effective 1/1/2007; \$35.00 effective 1/1/2014.</p>

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Hourly Plan/Location	Eligibility Begins	Benefit Service Calculation	Accrued Benefit Amount of Benefit Paid as a Life Annuity
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.
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.

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Hourly Plan/Location	Eligibility Begins	Benefit Service Calculation	Accrued Benefit Amount of Benefit Paid as a Life Annuity
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; \$51.50 effective 1/1/2021; \$52.00 effective 1/1/2022.
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; \$38.00 effective 1/1/2021; \$38.50 effective 1/1/2022; \$39.00 effective 1/1/2023; \$39.50 effective 1/1/2024.

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Hourly Plan/Location	Normal Retirement Benefits		Early Retirement Benefits	
	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.	Accrued benefit reduced 5/9% per month prior to age 65.
			Age 62 and 10 years of vesting service and hired before 6/15/1996.	Double the accrued benefit for the lesser of three years or until Social Security retirement age.
			30 years of vesting service and hired before 6/15/1996.	Accrued benefit unreduced.

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Hourly Plan/Location	Normal Retirement Benefits		Early Retirement Benefits	
	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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Hourly Plan/Location	Deferred Retirement Benefits		Vesting	
	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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Hourly Plan/Location	Death		Disability	
	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.

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Hourly Plan/Location	Death		Disability	
	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.

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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

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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	<p>Salaried employees become participants on their date of hire.</p> <p>New hires on or after January 1, 2007 are not eligible to participate in the plan.</p>
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	<p>The larger of (1), (2) or (3):</p> <p>(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.</p> <p>(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.</p> <p>(3) \$20 multiplied by pension service up to 20 years.</p> <p>Benefit accruals were frozen on December 31, 2003.</p>
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.

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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 10 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.

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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 10 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 1/12 of a year.

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Vesting Service

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

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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.

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Early Retirement

Eligibility

Age 60 and 15 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 10 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.

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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 1/12 of a year.

Vesting Service

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

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Plan Changes

The January 1, 2021 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 \$285,000 in 2020 to \$290,000 in 2021.
- Mauricetown
 - The new monthly benefit level for all participants is \$38.00 effective January 1, 2021; \$38.50 effective January 1, 2022, \$39.00 effective January 1, 2023, and \$39.50 effective January 1, 2024.
- Ottawa
 - The new monthly benefit level for all participants is \$51.50 effective January 1, 2021 and \$52.00 effective January 1, 2022.
- The plan was amended to eliminate late retirement actuarial increases for legacy U.S. Silica hourly participants due to implementation of suspension of benefits notices.

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.

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- 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.

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- 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.

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. For the U.S. Silica Retirement Plan, U.S. Silica Company did not make an election to defer the interest rate provisions of ARPA.

Therefore, this Schedule SB reflects stabilized 2021 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 change:

- For the Legacy Minerals Plans, a change in the interest rate assumption for optional form conversion from the November 2019 417(e) segment rates of 2.04%, 3.09% and 3.68% to the November 2021 417(e) segment rates of 0.53%, 2.31% and 3.09%.

This assumption change not reduce 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, 2021

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				2	1					
35-39				2	6	1				
40-44				4	4	8				
45-49				7	18	16	1	1		
50-54				6	14	10	10	2		
55-59				5	9	10	7	8	13	2
60-64			1	2	9	5	7	5	7	21
65-69				2	3	1		3	2	6
70+								1		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	\$ 10,593,544	January 1, 2019	13	\$ 1,088,063
Legacy Minerals Salaried Pension Plan	\$ 2,998,966	December 1, 2019	13.91667	\$ 293,984
Legacy Minerals Hourly Pension Plan	\$ 208,715	December 1, 2019	13.91667	\$ 20,460
Merged Plan Shortfall	\$ (2,722,796)	January 1, 2020	14	\$ (265,810)
Shortfall	\$ (4,343,992)	January 1, 2021	15	\$ (405,041)

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. For the U.S. Silica Retirement Plan, U.S. Silica Company made an election on September 24, 2021 to first apply the 15-year amortization period for the 2019 plan year. Therefore, this Schedule SB reflects the ARPA shortfall relief for the 2021 plan year.