

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 2021 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>LAFARGEHOLCIM US PENSION 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>54-1527022</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>734-529-2411</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>327300</u></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"> </td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1991</u>		2b Employer Identification Number (EIN) <u>54-1527022</u>		2c Plan Sponsor's telephone number <u>734-529-2411</u>		2d Business code (see instructions) <u>327300</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>												
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2b Employer Identification Number (EIN) <u>54-1527022</u>													
2c Plan Sponsor's telephone number <u>734-529-2411</u>													
2d Business code (see instructions) <u>327300</u>													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOLCIM PARTICIPATIONS (US) INC.</u> <u>6211 ANN ARBOR ROAD</u> <u>DUNDEE, MI 48131</u>													

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.	10/17/2022	SANDRA FINK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT PLAN DESIGN COMMITTEE C/O HOLCIM (US) INC. 6211 ANN ARBOR ROAD DUNDEE, MI 48131		3b Administrator's EIN 54-1527022
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		3c Administrator's telephone number 734-529-2411
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN
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).		5 6034
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 1521
a(2) Total number of active participants at the end of the plan year		6a(2) 1358
b Retired or separated participants receiving benefits.....		6b 2293
c Other retired or separated participants entitled to future benefits		6c 1711
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 5362
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 445
f Total. Add lines 6d and 6e		6f 5807
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 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <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>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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 LAFARGEHOLCIM US PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.	D Employer Identification Number (EIN) 54-1527022

Part I	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
AETNA LIFE INSURANCE COMPANY

(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
06-6033492	60054	002618	5807	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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	95965
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	4302
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	4302
d	Total of balance and additions (add lines 7b and 7c(6))	7d	100267
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4303
	(2) Administration charge made by carrier.....	7e(2)	7264
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	11567
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	88700

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)	0
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)	0
(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)	0
(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) <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>LAFARGEHOLCIM US PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOLCIM PARTICIPATIONS (US) INC.</u>	D Employer Identification Number (EIN) <u>54-1527022</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>931050270</u>
	b Actuarial value	2b	<u>850308012</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>2726</u>	<u>429516292</u>
	b For terminated vested participants.....	<u>1828</u>	<u>99035496</u>
	c For active participants	<u>1521</u>	<u>113479629</u>
	d Total.....	<u>6075</u>	<u>642031417</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>5.59</u> %
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2054000</u>
	c Total (line 6a + line 6b)	6c	<u>2054000</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 <u>AL-KARIM ALIDINA</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>2001 K STREET NW</u> <u>SUITE 625 NORTH</u> <u>WASHINGTON, DC 20006</u> Address of the firm	<u>10/06/2022</u> Date <u>20-06110</u> Most recent enrollment number <u>202-223-0673</u> Telephone number (including area code)
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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	252676803
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	24018391
9 Amount remaining (line 7 minus line 8)	0	228658412
10 Interest on line 9 using prior year's actual return of <u>15.23</u> %	0	34824676
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.39</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		
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	263483088

Part III Funding Percentages

14 Funding target attainment percentage	14	91.30 %
15 Adjusted funding target attainment percentage	15	132.30 %
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	86.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
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**

63

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** 2054000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 55884192 Installment 5210731**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** 7264731

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11263779	11263779

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

SCHEDULE C (Form 5500) 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 LAFARGEHOLCIM US PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.	D Employer Identification Number (EIN) 54-1527022	

Part I	Service Provider Information (see instructions)
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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 CORPORATION
36-2723087

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE KNOWN	707060	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	566867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 17 50	NONE KNOWN	566791	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)

PENSION BENEFIT INFORMATION

82-4722389

(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?
49 50	NONE KNOWN	401178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVEST MGMT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	238447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 50 51	NONE KNOWN	234673	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)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE KNOWN	208060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY INVESTMENT ADVISORS

20-4751585

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE KNOWN	122235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 28 50 51	NONE KNOWN	64014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLANTE & MORAN PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	36837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARNER NORCROSS & JUDD

38-1422647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	17059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2021</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

<p>A Name of plan <u>LAFARGEHOLCIM US PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOLCIM PARTICIPATIONS (US) INC.</u></p>	<p>D Employer Identification Number (EIN) <u>54-1527022</u></p>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HOLCIM PARTICIPATIONS (US) M RET TR</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>HOLCIM PARTICIPATIONS (US) INC.</u></p>		
<p>c EIN-PN <u>22-3481535-001</u></p>	<p>d Entity code <u>M</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>855816301</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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
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 LAFARGEHOLCIM US PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.	D Employer Identification Number (EIN) 54-1527022	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	930273083	855816301
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	95965	88700
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	930369048	855905001

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	930369048	855905001
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	4302	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4302
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-9866828
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-9862526
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	62947896	
(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)		62947896
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)	1327747	
(2) Contract administrator fees.....	2i(2)	241937	
(3) Investment advisory and management fees.....	2i(3)	1199623	
(4) Other.....	2i(4)	-1115682	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1653625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		64601521
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-74464047
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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c 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 <u>434885</u> .			

<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>
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LAFARGEHOLCIM US PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLCIM PARTICIPATIONS (US) INC.		D Employer Identification Number (EIN) 54-1527022
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063 04-3275867		
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		3 145
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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: 10.1 % Investment-Grade Debt: 13.4 % High-Yield Debt: 0.0 % Real Estate: 3.6 % Other: 72.9 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Holcim Participations (US) Inc.

Defined Benefit Plans

LafargeHolcim US Pension Plan
LafargeHolcim US Consolidated Union Pension Plan

Modified Cash Basis Financial Report
December 31, 2021

Holcim Participations (US) Inc. Defined Benefit Plans

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Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits for the 2021 Modified Cash Basis Financial Statements

We have performed audits of the modified cash basis financial statements of LafargeHolcim US Pension Plan and LafargeHolcim US Consolidated Union Pension Plan (collectively, the "Plans"), employee benefit plans 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 - modified cash basis as of December 31, 2021 and the related statements of changes in net assets available for benefits - modified cash basis for the year then ended and the statements of accumulated plan benefits - modified cash basis as of December 31, 2020 and the related statements of changes in accumulated plan benefits - modified cash basis for the year then ended and the related notes to the modified cash basis financial statements (2021 modified cash basis financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' 2021 modified cash basis 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 (DOL) 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 Plans (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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021 and for the year then ended stating that the certified investment information, as described in Note 3 to the modified cash basis financial statements, is complete and accurate.

Opinion on the 2021 Modified Cash Basis Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the 2021 Modified Cash Basis Financial Statements* section:

- The amounts and disclosures in the accompanying 2021 modified cash basis financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying 2021 modified cash basis 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 on the 2021 Modified Cash Basis Financial Statements

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 Audits of the 2021 Modified Cash Basis Financial Statements* section of our report. We are required to be independent of the Plans 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.

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

Basis of Accounting

We draw attention to Note 2 to the modified cash basis financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

As explained in Note 6, the LafargeHolcim US Pension Plan purchased a buy-in group annuity contract for \$666,840,000, and the LafargeHolcim US Consolidated Union Pension Plan purchased a buy-in group annuity contract for \$23,650,000. The fair values of the buy-in group annuity contracts at December 31, 2021 have been estimated by management in the absence of readily determinable market values, as described in Note 5. Management's estimates are based on information provided by The Northern Trust Company. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2021 Modified Cash Basis Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of modified cash basis 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 modified cash basis financial statements.

Management is also responsible for maintaining current plan instruments, including all plan amendments; administering the Plans; and determining that the Plans' transactions that are presented and disclosed in the modified cash basis financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

Auditor's Responsibilities for the Audits of the 2021 Modified Cash Basis Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits for the 2021 Modified Cash Basis Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the modified cash basis 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 audits 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the modified cash basis financial statements.

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

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the modified cash basis 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 modified cash basis financial statements.
- Obtain an understanding of internal control relevant to the audits 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 Plans' 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 modified cash basis financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' 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 2021 modified cash basis 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 the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the modified cash basis financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

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

2021 Modified Cash Basis Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at December 31, 2021 - modified cash basis - LafargeHolcim US Pension Plan is presented for the purpose of additional analysis and is not a required part of the modified cash basis financial statements but is supplemental information required by the DOL'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 modified cash basis financial statements. The information included in the modified cash basis supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the modified cash basis financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the modified cash basis financial statements or to the modified cash basis financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 modified cash basis supplemental schedule, we evaluated whether the modified cash basis supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

In our opinion:

- The form and content of the modified cash basis supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the modified cash basis supplemental schedule 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).

Auditor's Report on the 2020 Modified Cash Basis Financial Statements

We were engaged to audit the 2020 modified cash basis financial statements of the Plans. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 4, 2021, we indicated that, (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and, accordingly, we did not express an opinion on the Plans' 2020 modified cash basis financial statements, and (b) the form and content of the information included in the 2020 modified cash basis financial statements, other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Toledo, Ohio
October 13, 2022

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits - Modified Cash Basis

December 31, 2021 and 2020

	2021		2020	
	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan
Assets				
Investments - At fair value -				
Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust:				
Common/collective trust funds	\$ 76,965,227	\$ 16,689,177	\$ 243,988,785	\$ 17,749,662
Limited partnerships and real estate investment trust	27,301,771	5,920,130	51,942,105	3,778,677
Fixed-income corporate securities	54,994,209	11,924,971	332,917,103	24,219,038
Fixed-income governmental securities	45,162,472	9,793,052	292,455,978	21,275,546
Interest-bearing cash	786,680	170,584	25,057,163	1,822,855
Buy-in group annuity contracts	644,036,845	25,850,253	-	-
Accrued income and other assets	7,008,452	178,527	4,832,493	351,554
Securities lending collateral	38,981,873	8,452,848	149,415,225	10,869,638
Payables and unsettled trades	(439,355)	(95,270)	(20,920,544)	(1,521,925)
Payable under securities lending agreement	(38,981,873)	(8,452,848)	(149,415,225)	(10,869,638)
Plan's total interest in the Holcim Participations (US) Inc. Master Retirement Trust	855,816,301	70,431,424	930,273,083	67,675,407
Investments at contract value - Unallocated contract	88,700	-	95,965	-
Net Assets Available for Benefits	\$ 855,905,001	\$ 70,431,424	\$ 930,369,048	\$ 67,675,407

See notes to modified cash basis financial statements.

Holcim Participations (US) Inc. Defined Benefit Plans

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

Years Ended December 31, 2021 and 2020

	2021		2020	
	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan
Additions				
Contributions	\$ -	\$ -	\$ 112,500,000	\$ -
Investment income: (Note 5)				
Interest and dividends	4,302	-	11,073	-
Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust investment gain - Net of investment expenses	(9,866,828)	3,073,383	114,926,050	2,009,182
Other income (Note 2)	-	1,258,869	222,750	-
Total net (deductions) additions	(9,862,526)	4,332,252	227,659,873	2,009,182
Deductions				
Benefits paid directly to participants or beneficiaries	62,947,896	653,795	61,123,783	977,254
Purchase of annuity contracts (Note 2)	-	-	-	10,455,183
Administrative expenses	1,653,625	922,440	4,387,345	164,467
Total deductions	64,601,521	1,576,235	65,511,128	11,596,904
Net (Decrease) Increase before Other Changes	(74,464,047)	2,756,017	162,148,745	(9,587,722)
Transfers In	-	-	-	60,319,807
Net (Decrease) Increase	(74,464,047)	2,756,017	162,148,745	50,732,085
Net Assets Available for Benefits				
Beginning of year	930,369,048	67,675,407	768,220,303	16,943,322
End of year	<u><u>\$ 855,905,001</u></u>	<u><u>\$ 70,431,424</u></u>	<u><u>\$ 930,369,048</u></u>	<u><u>\$ 67,675,407</u></u>

See notes to modified cash basis financial
statements.

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Accumulated Plan Benefits - Modified Cash Basis

December 31, 2020

	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 514,330,583	\$ 3,194,317
Participating employees	293,379,850	50,658,929
Total vested benefits	807,710,433	53,853,246
Nonvested benefits	340,266	1,706,767
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 808,050,699	\$ 55,560,013

Holcim Participations (US) Inc. Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis

Year Ended December 31, 2020

	LafargeHolcim US Pension Plan	LafargeHolcim US Consolidated Union Pension Plan
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 736,854,635	\$ 12,152,420
Increase (decrease) during the year attributable to:		
Benefits accumulated	33,574,828	308,869
Benefits payments	(61,123,783)	(977,254)
Annuity purchase	-	(10,455,183)
Mergers (Note 1)	-	42,696,218
Assumption changes (Note 2)	98,608,535	9,989,538
Other	136,484	1,845,405
Net increase	71,196,064	43,407,593
Actuarial Present Value of Accumulated Plan Benefits - End of year	\$ 808,050,699	\$ 55,560,013

See notes to modified cash basis financial
statements.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 1 - Plan Description

The descriptions of the following plans provide only general information. Participants should refer to the plans' legal documents for a more complete description of each plan's provisions. The financial statements include LafargeHolcim US Pension Plan (the "LHUSPP Plan") and LafargeHolcim US Consolidated Union Pension Plan (the "Consolidated Union Plan") (collectively, the "Plans").

General

The Plans are sponsored by Holcim Participations (US) Inc. (the "Company"). The Plans are noncontributory defined benefit plans and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

LafargeHolcim US Pension Plan

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

Effective December 31, 2017, the Lafarge North America Inc. Retirement Plan (the "LNARP Plan") was merged into the LHUSPP Plan. The benefits of the LNARP Plan will continue to be subject to the provisions of the LNARP Plan, which have been incorporated into the LHUSPP Plan. The LNARP Plan provides for pension and disability benefits, covering salaried and certain hourly employees of Lafarge North America Inc. who have completed one year of service and are age 21 or older. The LNARP Plan also provides for disability benefits and special death benefits before or after retirement.

The accrual of benefits was frozen for participants at various dates depending on location, with all accruals of benefits being frozen by December 31, 2018.

LafargeHolcim US Consolidated Union Pension Plan

Effective December 31, 2020, the following plans, (collectively, the "Merged Plans") were merged into the Consolidated Union Plan. Accordingly, all participants, assets, and related accumulated plan benefits of the Plans were transferred to LafargeHolcim US Consolidated Union Pension Plan in 2020. The asset transfers are reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2020. The transfer of the obligation is reflected in the statement of accumulated plan benefits at December 31, 2020.

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

The benefits of each of the Merged Plans continue to be subject to the provisions of the respective plans, which have been incorporated into the Consolidated Union Plan, as appendices. The following provides descriptions of the Consolidated Union Plan and the Merged Plans.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 1 - Plan Description (Continued)

The accrual of benefits was frozen for participants at various dates depending on location, with all accruals of benefits being frozen by December 31, 2018.

The Consolidated Union Plan was established in 2002 and provides for pension and disability benefits to certain hourly compensated employees who work at specific plan locations or are covered by certain collective bargaining agreements. The Consolidated Union Plan consists of several supplements relating to certain locations and/or unions.

The Steelworkers Plan was established on December 31, 2014. The Steelworkers Plan consists of a basic plan document and several supplements relating to certain locations and/or unions. The Steelworkers Plan provides for pension and disability benefits to hourly compensated employees who meet specific service and age requirements of the Company's facilities located at Ravena, New York (Ravena Supplement); Oswego, New York (Oswego Supplement); Detroit, Michigan (Great Lakes Supplement); Marblehead, Ohio (Marblehead Stone Supplement); Whitehall, Pennsylvania (Whitehall Supplement); Sparrows Point, Maryland (Newcem Supplement); and Grove, Kentucky (Grove Supplement) and are covered by certain collective bargaining agreements.

The Cement-Boilermakers Plan was adopted by the Company on May 23, 1983. The Cement-Boilermakers Plan provides for pension and disability benefits to certain hourly compensated employees covered by certain supplements, as defined in the plan document. The Cement-Boilermakers Plan was amended on December 30, 2015 to clarify applicability of the Cement-Boilermakers Plan as of the restatement effective date, January 1, 2015, and to fully vest those employees who terminated employment in the Davenport Purchase Agreement effective April 16, 2015.

The Multi-Plant Plan was established on May 1, 1963. The Multi-Plant Plan provides for pension benefits to certain employees who work at the Joppa, Illinois plant and members of the Local Union No. 3907 of the United Mineworkers of America and participants covered by the former Blue Circle Inc. Pension Plan (BCIPP).

The Presque Isle Plan was established by the Company on January 1, 2002. The Presque Isle Plan provides for pension and disability benefits to certain hourly compensated employees who meet specified service requirements of certain aggregates facilities located in Presque Isle, Michigan.

The Aggregates and Concrete Plan was established by the Company on June 1, 1952. The Aggregates and Concrete Plan provides for pension and disability benefits to certain hourly compensated employees covered by various collective bargaining agreements.

Eligibility and Vesting

Eligibility and vesting differs between the Plans and various supplements. Participants should refer to the plan agreements and appendices for the specific eligibility and vesting requirements.

Pension Benefits

The normal monthly retirement benefit is calculated as set forth in the applicable attachments to the Plans. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as stated in the Plans.

Payment of Benefits

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits generally if less than \$5,000 or in various installment annuities.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 1 - Plan Description (Continued)

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Northern Trust Company and Aetna Life Insurance Company, the trustees and custodian of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The Plans prepare their financial statements on the modified cash basis of accounting. Revenue is recorded when received, rather than when earned; expenses are recorded when paid, rather than when the obligation is incurred; and investments are recognized at fair value. Accordingly, the financial statements are not intended to be in conformity with accounting principles generally accepted in the United States of America.

Investment in Master Trust

The Plans' investments are held in the Holcim Participations (US) Inc. Master Retirement Trust, herein referred to as the "Master Trust," which was established for the investment of assets of the Plans. In 2020, the Master Trust included the assets of the Plans and the other plans sponsored by the Company. During the years ended December 31, 2021 and 2020, assets in the Master Trust were held by The Northern Trust Company (Northern Trust). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

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

Actuarial Present Value of Accumulated Plan Benefits

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

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

Actuarial Assumptions

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

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2020 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Retirement age	Various rates of retirement are assumed beginning at age 55. All participants are assumed to retire by age 65.
Assumed rate of return	3.50 percent per annum.
Mortality basis	LHUSPP Healthy: RP-2014 Table, with a 2.9 percent increase in mortality rates projected from base year 2006 with MP-2020 Scale LHUSPP Disabled: RP-2014 Table, projected from base year 2006 with MP-202 Scale Consolidated Union Healthy: RP-2014 Table, with a 1.5 percent increase in mortality rates, projected from base year 2006 with MP-2020 Scale, (except former BCIPP, which reflect a 2.9 percent decrease in mortality rates) Consolidated Union Disabled: RP-2014 Table projected from base year 2006 with MP-2020 scale

The foregoing actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The assumed rate of return changed from 4.75 percent at December 31, 2019 to 3.50 percent at December 31, 2020 for the Plans. The mortality improvement scale was changed from the MP-2019 scale at December 31, 2019 to the MP-2020 scale at December 31, 2020. The lump sum conversion rate changed from 3.15 percent at December 31, 2019 to 2.45 percent at December 31, 2020.

Benefit Payments

Benefits are recorded when paid.

Annuity Purchase

In October 2020, the Consolidated Union Plan purchased an annuity contract for \$10,455,183 through the New York Life Insurance Company (New York Life) to settle the benefit obligations of certain participants currently receiving benefits. Prior to the Merged Plans merging into the Consolidated Union Plan, they also purchased an annuity contract totaling \$117,992,965, for a combined total of \$128,448,148.

Each plan recorded such amounts in their financial statement for the year ended December 31, 2020. Under this agreement, New York Life assumed the obligation to pay future pension benefits for the covered participants starting January 1, 2021. In June 2021, the Consolidated Union Plan, as the surviving plan, received a refund of \$1,200,874 from New York Life related to the annuity contract purchases due to the plans merging into the Consolidated Union Plan at December 31, 2021. The refund has been included in the accompanying statements of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2021.

Administrative Expenses

Various administrative costs are paid by the Company.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

Contributions to the Plans and the Plans' accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment securities, including the buy-in group annuity contracts (see Note 6), are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 13, 2022, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

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

The LHUSPP Plan's investments in the unallocated contract totaling \$88,700 and \$95,965 at December 31, 2021 and 2020, respectively, and related investment income of \$4,302 and \$11,073 for the years ended December 31, 2021 and 2020, respectively, were not certified by Northern Trust.

Note 4 - Securities Lending

The Master Trust entered into a securities lending program with Northern Trust in 2020. This program allows Northern Trust to loan securities, which are assets of the Master Trust, to approved brokers (the "Borrowers"). Northern Trust requires the Borrowers, pursuant to a security loan agreement, to deliver collateral to secure each loan either in the form of cash or other securities. In the event of default by the Borrowers, Northern Trust shall indemnify the Master Trust by purchasing replacement securities equal to the number of unreturned loaned securities or, if replacement securities are not able to be purchased, Northern Trust shall credit the Master Trust for the fair market value of the loaned securities. In each case, Northern Trust would apply the proceeds from the collateral for such loans to make the Master Trust whole. The Master Trust had investment income of approximately \$149,000 and \$81,000 from securities lending for the years ended December 31, 2021 and 2020, respectively.

The cash collateral received pursuant to securities lending transactions is reflected as a liability on the statements of net assets available for benefits as of December 31, 2021. To the extent that a loan of securities is secured by cash collateral, such collateral is invested in a short-term investment fund managed by Northern Trust. The Master Trust bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in the fair value of the invested collateral. If applicable, this difference in value of the investments purchased with the cash collateral received and the amount due to the Borrowers upon return of securities on loan is recorded as an unrealized gain (loss).

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 4 - Securities Lending (Continued)

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

The market value of securities on loan as of December 31, 2021 and 2020 is shown in the following table by security type:

	Market Value of Loaned Securities	
	2021	2020
U.S. agencies	\$ -	\$ 797,917
Fixed-income corporate securities	1,275,482	5,209,891
Fixed-income governmental securities	45,985,993	155,535,344
Total	<u>\$ 47,261,475</u>	<u>\$ 161,543,152</u>

The total value of the cash and noncash collateral received by the Master Trust at December 31, 2021 was \$47,434,721 and \$471,544, respectively. The total value of the cash and noncash collateral received by the Master Trust at December 31, 2020 was \$160,284,863 and \$4,193,320, respectively. The noncash collateral is excluded from the net assets of the Master Trust as of December 31, 2021 and 2020, as it is not permitted to be sold or repledged.

Note 5 - Investments

With the exception of the unallocated contract held by the LHUSPP Plan, the Plans' investments are in the Master Trust, which was established for the investment of assets of the plans sponsored by the Company. Each participating benefit plan has an undivided interest in the master trust assets, with the exception of the interest in the group annuity contracts. The fair value of the Plans' interest in the Master Trust represents each plan's allocated portion of all investments other than the group annuity contracts. Each plan's interest in the buy-in group annuity contracts is specific to that plan and not shared equally among the plans. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

At December 31, 2021 and 2020, the Plans' respective interests in the Master Trust, net of the buy-in group annuity contracts of \$669,887,098 at December 31, 2021, were as follows:

	2021	2020
LHUSPP	82.2 %	93.2 %
Consolidated Union Plan	17.8	6.8
Total	<u>100.0 %</u>	<u>100.0 %</u>

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 5 - Investments (Continued)

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2

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

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Common/Collective Trust Funds

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

Unallocated Contract

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

Buy-in Group Annuity Contracts

The buy-in group annuity contracts (GAC) are supported by separate accounts and guaranteed by the general account of Athene Annuity and Life Company (Athene). The estimated fair value of the buy-in GAC is the estimated surrender value of the contracts, which is based on the present value of future cash flows. Were the GAC to be terminated, a surrender charge could change the proxy rate by 50 to 100 basis points.

Real Estate Investment Trust

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

Interest-bearing Cash

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

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 5 - Investments (Continued)

Fixed-income Securities

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

Limited Partnerships

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

Each plan's interest in the net assets of the Master Trust is presented in the accompanying financial statements. The following tables present information about the Master Trust's investments at December 31, 2021 and 2020:

Master Trust Net Assets at December 31, 2021				
	Investments	Level 1	Level 2	Level 3
Investments at fair value:				
Fixed-income securities:				
Government	\$ 54,955,524	\$ -	\$ 54,955,524	\$ -
Corporate	66,919,180	-	66,919,180	-
Securities lending collateral	47,434,721	-	47,434,721	-
Interest-bearing cash	957,264	-	957,264	-
Buy-in group annuity contracts	669,887,098	-	-	669,887,098
Total	840,153,787	\$ -	\$ 170,266,689	\$ 669,887,098
Investments measured at NAV:				
Common/collective trust funds	93,654,404			
Limited partnership and real estate investment trust	33,221,901			
Total master trust investments	\$ 967,030,092			
Master Trust Net Assets at December 31, 2020				
	Investments	Level 1	Level 2	Level 3
Investments at fair value:				
Fixed-income securities:				
Government	\$ 313,731,524	\$ -	\$ 313,731,524	\$ -
Corporate	357,136,141	-	357,136,141	-
Securities lending collateral	160,284,863	-	160,284,863	-
Interest-bearing cash	26,880,018	-	26,880,018	-
Total	858,032,546	\$ -	\$ 858,032,546	\$ -
Investments measured at NAV:				
Common/collective trust funds	261,738,447			
Limited partnership and real estate investment trust	55,720,782			
Total master trust investments	\$ 1,175,491,775			

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 5 - Investments (Continued)

Quantitative Information about Level 3 Fair Value Measurements

The following table summarizes the valuation methods and inputs used to determine fair value at December 31, 2021 for assets measured at fair value on a recurring basis using unobservable inputs (Level 3 inputs). No assets measured at fair value on a recurring basis using unobservable inputs were held as of December 31, 2020.

	Fair Value at December 31, 2021	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
LHUSPP GAC	\$ 644,036,845	Present value of future cash flows	Mortality rate (see below) Adjusted proxy discount rate	1.84% to 2.22%	2.17%
Consolidated Union GAC	25,850,253	Present value of future cash flows	Mortality rate (see below) Adjusted proxy discount rate	2.00% to 2.35%	2.07%

The mortality assumptions used in the valuation are as follows:

	LHUSPP GAC	Consolidated Union GAC
Base Mortality Table Multiplier	In-Pay: 101% Active: 108%	In-Pay: 148% Active: 126%
Base Mortality Table	Terminated Vested: 114% Pri-2012 Employee/Nondisabled Annuitant Mortality Table	Terminated Vested: 129% Pri-2012 Employee/Nondisabled Annuitant Mortality Table
Mortality Improvement Scale	Projection Scale MP-2021	Projection Scale MP-2021

Investments in Entities that Calculate Net Asset Value per Share

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

The unfunded commitments and redemption restrictions for investments at December 31, 2021 and 2020 are as follows:

- Common/collective trust fund investments with a fair value of \$38,436,305 at December 31, 2020 are restricted to investors withdrawing all or a portion of their units only twice each calendar month on each semimonthly valuation date. There were no restrictions on investments held at December 31, 2021. An investor will be permitted to withdraw units on a semimonthly valuation date upon at least 30 days' prior written notice to the fund. There are no restrictions on the remaining common/collective trust fund investments. There were no unfunded commitments for any common/collective trust funds.

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 5 - Investments (Continued)

- The limited partnership investment with American Strategic Realty with a fair value of \$1,371,304 at December 31, 2020 had unfunded commitments of \$8,640,000 at December 31, 2020. There were no restrictions or investments held at December 31, 2021. The limited partnership invests solely in the United States in products including multifamily, industrial, retail, office, hotel, and other properties. Requests for redemption of shares may be made at any time after the redemption lockout period with 30 days' notification by submitting a redemption notice form signed by a representative of the investor and are effective at the end of the calendar quarter in which the request is received. The redemption lockout period will be a period of one year from the date the investor's shares were issued. The shares that are subject to a redemption notice may be redeemed in full or in installments on a pro rata basis as funds become available for such purpose, and the redemption price will be the value per share based on the investment manager's estimate of the fair value of the investment fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Redemptions are subject to the availability of cash flow arising from investing transactions, sales, and other fund operations occurring in the normal course of business.
- The limited partnership investment with Barings Real Estate Property Fund had a fair value of \$33,221,901 and \$39,324,291 at December 31, 2021 and 2020, respectively, and no unfunded commitments. The limited partnership invests in limited liability companies and limited partnerships established to act as real estate investment vehicles. Requests for redemption of shares may be made quarterly with 60 days' written notice prior to the last business day of the quarter. Redemptions are subject to the availability of cash flow arising from investing transactions, sales, and other fund operations occurring in the normal course of business.
- The real estate investment trust with a fair value of \$15,025,187 at December 31, 2020 had no unfunded commitments at December 31, 2020. There were no restrictions or investments held at December 31, 2021. The real estate investment trust invests in real estate within the United States consisting of multifamily, industrial, retail, and office properties. Any redemption request must be made in writing and delivered to the fund specifying the number of shares that an investor wishes to redeem. A request to redeem shares must be delivered to the fund prior to or on the 15th day of the second month of every quarter in order to be effective as of the last day of any such applicable calendar quarter.

The investment income for the Master Trust for the years ended December 31, 2021 and 2020 is as follows. In 2020, \$17,538,769 of master trust income is related to plans not included in the accompanying statements.

	2021	2020
Net realized and unrealized gains and losses on investments, excluding buy-in group annuity contracts	\$ (13,490,076)	\$ 118,010,935
Unrealized gains and losses on buy-in group annuity contracts	(9,566,848)	-
Interest and dividends	16,263,479	16,463,066
Total	<u>\$ (6,793,445)</u>	<u>\$ 134,474,001</u>

Holcim Participations (US) Inc. Defined Benefit Plans

Notes to Modified Cash Basis Financial Statements

December 31, 2021 and 2020

Note 6 - Buy-in Group Annuity Contracts

Effective August 10, 2021, the LHUSPP Plan purchased a buy-in GAC for \$666,840,000 from Athene, covering the accrued plan benefits of all participants. Also effective August 10, 2021, the Consolidated Union Plan purchased a buy-in GAC for \$23,650,000 from Athene, covering the accrued plan benefits of all participants dependent on the participant's pension benefit type and status at the time of the contract. Assets of the Plans, including the buy-in GACs, are held in the Master Trust. Under the buy-in group annuity contracts, the Plans maintain the responsibility for administering the pension payments and are responsible for administrative costs. Athene makes periodic payments to the Plans equal to the pension amounts covered by the contracts.

The effect of the purchase of these contracts on the accumulated plan benefits of each of the Plans is not reflected in the statements of changes in accumulated plan benefits as of December 31, 2020. The effect on the statements of changes in accumulated plan benefits as of December 31, 2021 is not yet known.

Note 7 - Tax Status

The Plans and the merged subplans discussed in Note 1 have each received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC) with the exception of the Steelworkers Plan. The Steelworkers Plan does not have a determination letter; however, the seven plans previously merged into the Steelworkers Plan have all received determination letters. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 8 - Plan Termination

The Company has the right under each plan to terminate either of the Plans subject to the provisions set forth in ERISA. Should either of the Plans terminate at some future time, that plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Subsequent to year end, the Plans were amended to terminate the Plans effective June 30, 2022. The effect of the termination is not reflected in the accompanying financial statements and is not known at this time.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2021**

**Holcim Participations (US) Inc.
LafargeHolcim US Pension Plan
Active Employees**

EIN: 54-1527022 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			1							
25-29		1	25							
30-34			52	20	2					
35-39			68	59	21					
40-44		1	53	65	44	24	2			
45-49	1	1	48	70	52	56	11			
50-54		3	41	59	57	63	43	7	2	
55-59		1	35	66	45	41	53	32	9	2
60-64	1	3	10	29	40	49	49	26	14	9
65-69			5	1	6	8	15	6	2	7
70+					1	1		2		1

N-1521

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

**Holcim Participations (US) Inc.
LafargeHolcim US Pension Plan
Active Employees**

EIN: 54-1527022 PN: 001

Number of Participants and Average Pension Equity Balance

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			1							
25-29		1	25 \$2,441							
30-34			44 \$3,939	20 \$16,269	2					
35-39			50 \$6,319	41 \$19,097	20 \$33,471					
40-44		1	38 \$8,327	38 \$26,716	35 \$36,917	23 \$49,995	2			
45-49			38 \$14,020	46 \$36,667	27 \$57,643	51 \$74,884	7			
50-54			29 \$14,271	46 \$49,978	31 \$73,040	41 \$88,180	26 \$111,872	7	2	
55-59			23 \$26,995	45 \$74,377	21 \$100,941	32 \$103,278	24 \$149,632	24 \$165,459	9	2
60-64		2	3	21 \$80,866	20 \$148,150	28 \$141,879	28 \$179,446	16	8	9
65-69			3	1	4	5	10	3		4
70+								2		

N-1039

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2021**

**Holcim Participations (US) Inc.
LafargeHolcim US Pension Plan
Active Employees**

EIN: 54-1527022 PN: 001

Number of Participants and Average Annual Frozen Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			8							
35-39			18	19	2					
40-44			15	27 \$14,770	12	1				
45-49	1	1	10	25 \$12,406	26 \$22,458	9	4			
50-54		3	12	14	29 \$14,977	22 \$13,992	19			
55-59		1	12	21 \$14,977	24 \$14,006	12	30 \$27,650	10	1	
60-64	1	1	7	8	22 \$14,168	24 \$15,489	22 \$23,196	12	8	
65-69			2		2	3	6	3	2	3
70+					1	1		1		1

N-518

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

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

For ERISA Requirements

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%
Optional Payment Form Election Percentage	
Lafarge North America Inc. Retirement Plan (LNARP) Active Participants	24% life annuity 18% 50% joint life annuity 18% 100% joint life annuity 40% lump sum
Holcim Inc. Active Participants	12% normal form for unmarried participants 9% joint and 50% survivor annuity 9% joint and 100% survivor annuity 70% lump sum
LNARP Terminated Vested Participants	100% life annuity
Holcim Terminated Vested Participants – Aggregate Industries Inc	100% 10-year certain life annuity
Holcim Terminated Vested Participants – Pension Equity Benefits – Terminated within Two Years before Valuation Date	22.5% life annuity at Age 65 52.5% lump sum at Age 65 25% immediate lump sum
Holcim Terminated Vested Participants – Pension Equity Benefits - Terminated more than Two Years before Valuation Date	30% life annuity at Age 65 70% lump sum at Age 65

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums. For others, 6%.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums. For others, LNARP: 1994 Uninsured Pensioner Mortality Table blended 80% males and 20% females for participants and 20% males and 80% females for beneficiaries Holcim Pension Equity: UP-1984 Mortality table
Retirement Age Active Participants Terminated Vested Participants	See Table 1 Age 62 for LNARP; Age 65 for Holcim
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	See Table 2
Disability Rates	See Tables 3–6
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2019 Plan Year

6.25%, limited to 6.11%

2020 Plan Year

5.25%

2021 Plan Year

4.00%

Trust Expenses Included in Target Normal Cost

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

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	13.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	40.00%
68	40.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	8.86%	45	5.57%
21	8.86%	46	5.51%
22	8.86%	47	5.46%
23	8.86%	48	5.41%
24	8.86%	49	5.35%
25	8.86%	50	5.30%
26	8.37%	51	5.29%
27	7.89%	52	5.28%
28	7.40%	53	5.28%
29	6.92%	54+	5.27%
30	6.43%		
31	6.29%		
32	6.15%		
33	6.01%		
34	5.87%		
35	5.72%		
36	5.68%		
37	5.64%		
38	5.60%		
39	5.55%		
40	5.51%		
41	5.52%		
42	5.53%		
43	5.54%		
44	5.56%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 3

Disability Rates—Holcim (US) Inc. Hourly Employees

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 4

Disability Rates—Holcim (US) Inc. Salaried Employees

Age	Male	Female	Age	Male	Female
15	0.029%	0.030%	45	0.202%	0.323%
16	0.029%	0.030%	46	0.226%	0.354%
17	0.029%	0.030%	47	0.255%	0.391%
18	0.029%	0.030%	48	0.286%	0.434%
19	0.029%	0.030%	49	0.320%	0.480%
20	0.029%	0.030%	50	0.358%	0.533%
21	0.030%	0.032%	51	0.405%	0.592%
22	0.032%	0.035%	52	0.465%	0.660%
23	0.034%	0.038%	53	0.539%	0.745%
24	0.036%	0.042%	54	0.626%	0.847%
25	0.038%	0.047%	55	0.722%	0.952%
26	0.040%	0.052%	56	0.822%	1.045%
27	0.042%	0.058%	57	0.924%	1.115%
28	0.044%	0.065%	58	1.030%	1.130%
29	0.046%	0.072%	59	1.141%	1.144%
30	0.048%	0.080%	60	1.256%	1.159%
31	0.050%	0.089%	61	1.368%	1.173%
32	0.054%	0.099%	62	1.475%	1.188%
33	0.058%	0.110%	63	1.572%	1.234%
34	0.064%	0.123%	64	1.663%	1.292%
35	0.069%	0.136%	65	1.753%	1.358%
36	0.077%	0.150%	66	1.846%	1.430%
37	0.085%	0.165%	67	1.950%	1.505%
38	0.095%	0.180%	68	2.063%	1.582%
39	0.105%	0.195%	69	2.180%	1.664%
40	0.117%	0.211%	70+	2.180%	1.664%
41	0.131%	0.229%			
42	0.147%	0.250%			
43	0.164%	0.273%			
44	0.182%	0.296%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 5

Disability Rates—Lafarge North America Inc. Retirement Plan Hourly Employees

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Table 6

Disability Rates—Lafarge North America Inc. Retirement Plan Salaried Employees

Age	Male	Female	Age	Male	Female
15	0.0319%	0.0330%	45	0.2222%	0.3553%
16	0.0319%	0.0330%	46	0.2486%	0.3894%
17	0.0319%	0.0330%	47	0.2805%	0.4301%
18	0.0319%	0.0330%	48	0.3146%	0.4774%
19	0.0319%	0.0330%	49	0.3520%	0.5280%
20	0.0319%	0.0330%	50	0.3938%	0.5863%
21	0.0330%	0.0352%	51	0.4455%	0.6512%
22	0.0352%	0.0385%	52	0.5115%	0.7260%
23	0.0374%	0.0418%	53	0.5929%	0.8195%
24	0.0396%	0.0462%	54	0.6886%	0.9317%
25	0.0418%	0.0517%	55	0.7942%	1.0472%
26	0.0440%	0.0572%	56	0.9042%	1.1495%
27	0.0462%	0.0638%	57	1.0164%	1.2265%
28	0.0484%	0.0715%	58	1.1330%	1.2430%
29	0.0506%	0.0792%	59	1.2551%	1.2584%
30	0.0528%	0.0880%	60	1.3816%	1.2749%
31	0.0550%	0.0979%	61	1.5048%	1.2903%
32	0.0594%	0.1089%	62	1.6225%	1.3068%
33	0.0638%	0.1210%	63	1.7292%	1.3574%
34	0.0704%	0.1353%	64	1.8293%	1.4212%
35	0.0759%	0.1496%	65	1.9283%	1.4938%
36	0.0847%	0.1650%	66	2.0306%	1.5730%
37	0.0935%	0.1815%	67	2.1450%	1.6555%
38	0.1045%	0.1980%	68	2.2693%	1.7402%
39	0.1155%	0.2145%	69+	2.3980%	1.8304%
40	0.1287%	0.2321%			
41	0.1441%	0.2519%			
42	0.1617%	0.2750%			
43	0.1804%	0.3003%			
44	0.2002%	0.3256%			

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**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 LafargeHolcim US Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Holcim Participations (US) Inc.		D Employer Identification Number (EIN) 54-1527022	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value.....		2a	931,050,270
b Actuarial value.....		2b	850,308,012
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	2,726	429,516,292	429,516,292
b For terminated vested participants.....	1,828	99,035,496	99,035,496
c For active participants.....	1,521	113,479,629	114,157,328
d Total.....	6,075	642,031,417	642,709,116
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	5.59%
6 Target normal cost.....			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses.....		6b	2,054,000
c Total (line 6a + line 6b).....		6c	2,054,000

Statement by Enrolled Actuary

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

SIGN HERE	Al-Karim Alidina	10/06/2022
	Signature of actuary	Date
Al-Karim Alidina		2006110
	Type or print name of actuary	Most recent enrollment number
Aon Consulting, Inc.		202-223-0673
	Firm name	Telephone number (including area code)
2001 K Street NW Suite 625 North Washington DC 20006		
Address of the firm		

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

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	252,676,803
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	24,018,391
9	Amount remaining (line 7 minus line 8)	0	228,658,412
10	Interest on line 9 using prior year's actual return of <u>15.23%</u>	0	34,824,676
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.39%</u>		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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	263,483,088

Part III		Funding Percentages	
14	Funding target attainment percentage	14	91.30%
15	Adjusted funding target attainment percentage	15	132.30%
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	86.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 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		63
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	2,054,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	55,884,192	5,210,731	
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	7,264,731	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11,263,779	11,263,779
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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
LafargeHolcim US Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	6.00%	0.8836	3.05
58.5	6.00%	0.8306	2.92
59.5	6.00%	0.7807	2.79
60.5	6.00%	0.7339	2.66
61.5	13.00%	0.6899	5.52
62.5	20.00%	0.6002	7.50
63.5	20.00%	0.4801	6.10
64.5	20.00%	0.3841	4.96
65.5	30.00%	0.3073	6.04
66.5	30.00%	0.2151	4.29
67.5	40.00%	0.1506	4.07
68.5	40.00%	0.0903	2.48
69.5	50.00%	0.0542	1.88
70	100.00%	0.0271	1.90
Weighted Average			62.68

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
EIN: 54-1527022 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Lafarge North America Inc. Retirement Plan

Effective Date May 1, 1959. Amended and restated effective January 1, 2017. Most recent amendment effective July 9, 2018.

Eligibility for Participation Employee of a Covered Employer as listed in the plan document. First of month coincident with or next following age 21 and completion of one year of Eligibility Service.

The plan is closed to new hires after June 30, 2015.

Normal Retirement
Eligibility

Age 65.

Benefit

A monthly amount equal to the greater of:

- (1) 1.33% times Final Average Earnings times Credited Service
- (2) The amount the participant would have received under the largest pension factor in effect for retirements under the LaFarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant) or under the Fredonia Supplement or the Paulding Supplement to the LaFarge North America Inc. Hourly Pension Plan (Cement-Boilermakers).
- (3) The life annuity actuarial equivalent of the accrued benefit as of December 31, 2001 under the prior plan formula.

Less: any benefit under an Offsetting Plan, to the extent that the benefit under the other defined benefit pension or retirement plan is determined based on service with respect to which the Participant is also entitled to Periods of Service or Credited Service under this Plan.

Benefit accruals were frozen effective June 30, 2015.

Schedule SB Attachment (Form 5500)—2021 Plan Year

LafargeHolcim US Pension Plan

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Early Retirement

Eligibility

Age 55. Participants who begin earning service on or after January 1, 2002 or are a Lafarge North America Inc. Retirement Plan for Blue Circle Heritage Employees Participant also must have five years of vesting service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by the following factors:

Age Benefit Commences	Early Retirement Reduction Factor
65	1.00
64	1.00
63	1.00
62	0.94
61	0.88
60	0.82
59	0.76
58	0.70
57	0.64
56	0.58
55	0.52

No reduction will be applied for the following participants:

- Participant at least age 60 and the sum of age and credited service is at least 85.
- Participant at least age 45 as of January 1, 1998 with at least 30 years of credited service.

Special Early Retirement

Eligibility

In connection to the closing of a facility or restructuring of operations where participants will not be offered continued employment, all the following is required:

- Age 50 and 5 years of credited service
- Sum of age and credited service is at least 65
- If a participant begins earning service on or after January 1, 2002 or is a BCHRP Participant then 5 years of active participation.

Benefit

An immediate monthly benefit equals to the unreduced normal retirement benefit.

In addition, Participants who terminated prior to April 1, 2011 were also eligible to receive a Social Security supplement prior to age 62 equal to the estimated Primary Social Security benefit payable at age 62.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Late Retirement
Eligibility

Retirement after normal retirement age.

Benefit

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

Vested Termination
Eligibility

Five years of vesting service. Participants employed on the closing date of certain divestitures are 100% vested as outlined in the plan document and related purchase agreements.

Benefit

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

Disability
Eligibility

If covered by a long-term disability plan maintained by the Employer, a condition that entitles Participant to disability benefits under the long-term disability plan.

If not covered by a long-term disability plan maintained by the Employer, a disability that entitles Participant to Social Security Disability benefits.

Benefit

If covered by a long-term disability plan maintained by the Employer, the accrued benefit at using credited service that Participant would have earned up to normal retirement age and final average earnings at date of disability. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status without any further projection of credited service.

If not covered by a long-term disability plan maintained by the Employer, the accrued benefit at using credited service that Participant would have earned during period entitled to receive disability benefits under the Federal Social Security Act and final average earnings at date of disability. The Participant can elect an immediate unreduced life annuity if the participant has 5 years of vesting service but is not eligible for any type of retirement, however there will be no further projection of credited service upon this election.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Surviving Spouse
Eligibility

Five 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.

Normal Form of Annuity
Without Spouse

Single life annuity.

With Spouse

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

If actuarial equivalent present value of accrued benefit does not exceed \$5,000 then lump sum will be provided in lieu of the above forms.

Optional Forms of Annuity

- Single life annuity.
- 5-year certain and life annuity.
- 10-year certain and life annuity.
- 15-year certain and life annuity.
- 100% joint and survivor annuity.
- 75% joint and survivor annuity.
- 50% joint and survivor annuity.
- Lump sum, if less than \$7,500.
- Lump sum, for Participants who complete an hour of service on or after April 1, 2014, if greater than or equal to \$7,500 and elected within a limited period following severance from service.

Additional optional forms may be available for participants prior to January 1, 2002 and those whose benefits were merged or transferred into this plan from another plan.

Actuarial Equivalence

- Non-Lump sums: 1994 Uninsured Pension Mortality Table (a blend of 80% males and 20% female rates for participants, and a blend of 20% male and 80% female rates for beneficiaries) and 6% interest rate.
- Lump sums: Value computed using the applicable plan year IRC Section 417(e) Mortality Table and interest based on 3-segment yield curve for the month of November preceding the plan year in which the distribution is made

Schedule SB Attachment (Form 5500)—2021 Plan Year

LafargeHolcim US Pension Plan

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- Additional actuarial equivalence definitions may be applicable to certain benefits of participants prior to January 1, 2002 and those whose benefits were merged or transferred into this plan from another plan.

Definitions

Final Average Earnings

Average monthly earnings paid for the 60 consecutive calendar months during which the participant is employed that produces the highest average out of the 120 completed calendar months prior to severance date.

Credited Service

Credited service is calculated for number of years and completed months, excluding service prior to age 21. No benefit service may be earned after June 30, 2015.

Eligibility Service

A full year of eligibility service is earned if the employee works 1,000 or more hours in one plan year.

Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year, for those over age 18.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Holcim (US) Inc. Pension Plan

Effective Date January 1, 1991. Amended and restated effective January 1, 2016. The latest amendment dated July 9, 2018.

Eligibility for Participation All salaried, non-collectively bargained, and non-owner employees and hourly employees are eligible to participate in the plan on their date of hire. Employees hired after December 31, 2015 are not eligible to participate in the plan.

The Saint Lawrence Cement Co. LLC Retirement Plan and Trust for Salaried Employees (the "SLC Plan" was merged into this plan as of December 31, 2008.

The Aggregate Industries, Inc. Pension Plan (the "AI Plan") was merged into this plan as of December 31, 2012.

Service All periods of employment with the employer measured on an elapsed time basis from the employee's date of hire to date of termination of employment.

Service for determining accrued benefit was frozen effective December 31, 2015.

Average Annual Compensation The monthly average of total compensation (including overtime, sales, incentives, and bonuses) paid during the 60 consecutive calendar months of service, within the last 10 calendar years, which produces the highest average.

Average annual compensation was frozen as of December 31, 2015.

Benefit Percentages An employee's basic and supplemental benefit percentage are equal to the sum of the percentages accumulated by the employee while employed at Holcim (US) Inc. The percentage is in accordance with the following schedule:

Age	Basic Percentage	Supplemental Percentage
Less than 30	3%	0%
30–34	4%	0%
35–39	5%	1%
40–44	7%	1%
45–49	9%	2%
50–54	11%	2%
55–59	13%	3%
Age 60 and over	15%	4%

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Accumulated Balance

A lump sum amount determined and payable on the first day of the month coincident with or next following the participant's termination of employment.

The lump sum amount is equal to (1) plus (2) where:

- (1) The participant's basic benefit percentage multiplied by his average annual compensation; plus
- (2) The participant's supplemental benefit percentage multiplied by his average annual compensation in excess of Social Security covered compensation.

Accrued Benefit

An employee's accrued benefit is a single life annuity commencing on a participant's normal retirement date which is the actuarial equivalent of the accumulated balance.

For employees in the former SLC Plan, the accrued benefit is the sum of (1) and (2) where:

- (1) The participant's accrued benefit from the former SLC Plan as of December 31, 2008; plus
- (2) The participant's accrued benefit as determined under this plan for credited service after December 31, 2008.

For former AI Plan participants, the accrued benefit is the frozen benefit calculated under that plan as of April 30, 2009. These employees are not eligible for future accruals after April 30, 2009.

Offset for Certain Employees

There is an offset for participants who have already accrued a retirement benefit for a portion of their service with Holcim (US) Inc. or a predecessor company and which are payable outside of Holcim (US) Inc.'s pension plans. These offsets apply to ensure there is no duplicate counting of benefits under the plan.

Minimum Retirement Benefit

For participants who had participated in the plan prior to January 1, 1998, the monthly pension payable at the participant's normal retirement date shall be no less than the benefit accrued to December 31, 1997 under the terms of the plans as in effect on December 31, 1997.

Schedule SB Attachment (Form 5500)—2021 Plan Year

LafargeHolcim US Pension Plan

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For participants who at December 31, 1997 were at least age 50 with five or more years of service or whose sum of years of age and years of service is at least 65, the accrued benefit under the plan shall be no less than the benefit determined as if the old plan is still in effect as of the date of termination or December 31, 2015 if earlier.

Normal Retirement

Eligibility

Age 65. Age 65 with five years of service for the former AI Plan participants.

Benefit

The accrued benefit determined as of normal retirement date but no less than the minimum retirement benefit as defined.

Early Retirement

Eligibility

Three years of service. Age 55 with five years of service for former AI Plan participants.

Benefit

The accrued benefit is actuarially reduced. For former AI Plan participants and former SLC Plan participants' accrued benefit under the former SLA Plan, the accrued benefit is reduced by 5/9th of 1% for each of the first 60 months and by 5/18th of 1% for each additional month.

Late Retirement

Eligibility

After age 65.

Benefit

The accrued benefit determined as of late retirement date but no less than the minimum retirement benefit as defined, without actuarial adjustment on account of the retirement after normal retirement date.

Vested Termination

Eligibility

Three years of service. Five years of service for former AI Plan participants.

Benefit

The actuarial equivalent of the accrued benefit determined as of the termination date but no less than the minimum retirement benefit as defined.

For former AI Plan participants, the benefit can start as early as age 55, with the same reduction factor applied as for the early retirement benefit.

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LafargeHolcim US Pension Plan
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Disability Eligibility	Totally and permanently disabled with three years of service. Totally and permanently disabled with five years of service for former AI Plan participants.
Benefit	<p>For participants who become disabled prior to January 1, 2012, a disability retirement benefit is determined in the same manner as the normal retirement benefit but based upon the employee's rate of compensation at disability.</p> <p>For participants who become disabled after December 31, 2011, a disability retirement benefit is determined in the same manner as the deferred termination of service benefit based upon his average annual compensation and credited service computed as of the date of disability.</p> <p>For participants in the former AI Plan, a disability benefit is determined using the same reduction factors as for the early retirement benefit.</p>
Surviving Spouse Eligibility	Three years of service. Five years of service for former AI Plan participants.
Benefit	<p>If the beneficiary is the employee's spouse, the survivor benefit will be a single life annuity equal to the actuarial equivalent of the employee's accrued benefit at date of death. The spouse may elect to receive the survivor benefit in the form of a single lump sum. If the beneficiary is not the employee's spouse, payment of the employee's lump sum benefit will be paid to the beneficiary in the form of a single lump sum.</p> <p>For former AI Plan participants, the surviving spouse will receive the survivor portion of a 50% Joint and Survivor annuity as if the participant died no earlier than age 55 and elected a 50% Joint and Survivor annuity right before his death.</p>
Cost of Living Adjustment	For Former Northwestern Pension Plan A and Plan B participants that terminated prior to January 1, 1998, their post-retirement benefits are increased or decreased each year by cost of living adjustment. The cost of living adjustment is based on the Consumer Price Index figures published by the Department of Labor. The increase will not exceed 3%. The decrease will not reduce the benefit to below the original amount.

Schedule SB Attachment (Form 5500)—2021 Plan Year
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Normal Form of Annuity
Without Spouse

Single life annuity. 10-year certain and life for former AI Plan participants.

With Spouse

50% Joint and survivor annuity.

Optional Forms of Annuity

- Single life annuity.
- Single life annuity with cash refund.
- 5-year certain and life annuity.
- 10-year certain and life annuity.
- 100% joint and survivor annuity.
- 75% joint and survivor annuity.
- 66⅔% joint and survivor annuity.
- 50% joint and survivor annuity.
- Lump sum.
- Combination of a cash payment and annuity form.

Actuarial Equivalence

For calculating a single life annuity (including the accrued benefit) based on the accumulated balance, the following assumptions apply: no mortality assumption and 3% interest rate between termination date and annuity start date; the Code Section 417(e)(3) mortality table issued by the Internal Revenue Service and the applicable interest rate but no greater than 8% on or after the annuity start date.

For calculating optional single sum form of payment, the following assumptions apply: the Code Section 417(e)(3) mortality table issued by the Internal Revenue Service and the applicable interest rate.

For converting between one annuity form of benefit (including the accrued benefit) and another annuity form of benefit, the following assumptions apply: UP-1984 mortality table and 8%.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Actuarial Equivalence (continued)

For former AI Plan participants, the following factors apply to optional forms of payment:

- 50% joint and survivor annuity: 0.94 if the participant and the beneficiary are the same age. The factor is increased by 0.005 for each year the beneficiary is older than the participant (no greater than 0.99) or decreased by 0.005 for each year the beneficiary is younger than the participant.
- 75% joint and survivor annuity: 0.85 if the participant and the beneficiary are the same age. The factor is increased by 0.005 for each year the beneficiary is older than the participant (no greater than 0.99) or decreased by 0.005 for each year the beneficiary is younger than the participant.
- 100% joint and survivor annuity: 0.85 if the participant and the beneficiary are the same age. The factor is increased by 0.006 for each year the beneficiary is older than the participant (no greater than 0.99) or decreased by 0.006 for each year the beneficiary is younger than the participant.
- Single life annuity: 1.09 at age 65. The factor is increased by 0.012 for each year the participant is older than age 65 or decreased by 0.006 for each year the participant is younger than age 65.
- Lump sum: the factor determined by using the Code Section 417(e)(3) mortality table issued by the Internal Revenue Service and the applicable interest rate, but no less than the factor determined by the mortality table prescribed in Revenue Ruling 2001-62 and the 30-year treasury rate for the November of the prior plan year.

Plan Changes Since the Prior Year

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

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.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted to ARPA. Via this filing, Holcim Participations (US) Inc. will irrevocably commit the LafargeHolcim US Pension Plan to the use of rates for the plan year.

Holcim Participations (US) Inc. Defined Benefit Plans

Schedule of Assets Held at End of Year - Modified Cash Basis - LafargeHolcim US Pension Plan

Form 5500, Schedule H, Line 4i
EIN 54-1527022, Plan No. 001
December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Aetna Life Insurance Company	Unallocated contract - Funds on Deposit with Aetna Life Insurance Group	\$ 88,700	\$ 88,700

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 55,884,192	January 1, 2021	15	\$ 5,210,731

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. This Schedule SB reflects the ARPA shortfall relief effective with the 2021 plan year.

Schedule SB Attachment (Form 5500)—2021 Plan Year
LafargeHolcim US Pension Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 5.25% as of January 1, 2020 to 4.00% as of January 1, 2021

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