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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                          |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                               |                                          |            |
| <b>1a</b> Name of plan<br><u>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN</u>                                                                                                                                                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶ | <u>038</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HOLCIM PARTICIPATIONS (US) INC.</u><br><br><u>6211 ANN ARBOR ROAD</u><br><u>DUNDEE, MI 48131</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/2002</u>                                                                                                                                                                                                                                                                                                                |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-1527022</u>                                                                                                                                                                                                                                                                                                  |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>734-529-2411</u>                                                                                                                                                                                                                                                                                                     |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>327300</u>                                                                                                                                                                                                                                                                                                          |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | SANDRA FINK                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BENEFIT PLAN DESIGN COMMITTEE<br>C/O HOLCIM (US) INC.<br>6211 ANN ARBOR ROAD<br>DUNDEE, MI 48131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br>54-1527022<br><br><b>3c</b> Administrator's telephone number<br>734-529-2411                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 1021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 335<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN</u>                                                          | <b>B</b> Three-digit plan number (PN) ▶<br><u>038</u>                                                                                                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>HOLCIM PARTICIPATIONS (US) INC.</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>54-1527022</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>70010003</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>65421949</u>                                                     |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>78</u> <u>6059560</u> <u>6059560</u>                                       |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>608</u> <u>16833268</u> <u>16833268</u>                                    |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>335</u> <u>18107061</u> <u>19902117</u>                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>1021</u> <u>40999889</u> <u>42794945</u>                                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.54 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>1016000</u>                                                      |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>1016000</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.

|                                                                                   |                               |                                        |
|-----------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                  |                               | <u>09/27/2023</u>                      |
|                                                                                   | Signature of actuary          | Date                                   |
| <u>AL-KARIM ALIDINA</u>                                                           | Type or print name of actuary | <u>23-06110</u>                        |
|                                                                                   |                               | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                                                       | Firm name                     | <u>202-223-0673</u>                    |
|                                                                                   |                               | Telephone number (including area code) |
| <u>2001 K STREET, NW</u><br><u>SUITE 625 NORTH</u><br><u>WASHINGTON, DC 20006</u> | Address of the firm           |                                        |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                  |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 2047270               | 22886241               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 990000                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 1057270               | 22886241               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.95</u> % .....                                                                                | 62908                 | 1361731                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 1120178               | 2636968                |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 21611004               |

| <b>Part III Funding Percentages</b>                                                                                                                                       |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 102.37 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 113.21 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 89.69 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

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

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                                         | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                                     | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                                                                                                                                                           | 0          | 0       |
|                                                                                                                                                                                             |            | (4) 4th |
|                                                                                                                                                                                             |            | 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:  
5.18 %3rd segment:  
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

61

**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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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**

1016000

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

1016000

**32** Amortization installments:**a** Net shortfall amortization installment .....

0

0

**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**

0

**35** Balances elected for use to offset funding requirement.....

0

0

0

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

0

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

0

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

0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years.....**40**

0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN                         | B Three-digit plan number (PN) ▶                     | 038 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HOLCIM PARTICIPATIONS (US) INC.  | D Employer Identification Number (EIN)<br>54-1527022 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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**(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)

FIDELITY INVESTMENT INSTL OPS

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 50 51            | NONE KNOWN                                                                                        | 198125                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE KNOWN                                                                                        | 110513                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INCOME RESEARCH & MANAGEMENT

04-2955404

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 50021                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PLANTE & MORAN PLLC

38-1357951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 42775                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WARNER NORCROSS & JUDD

38-1422647

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 32961                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDUCIENT ADVISORS

36-4001764

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 27 50               | NONE KNOWN                                                                                        | 22095                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

THE NORTHERN TRUST COMPANY

36-1561860

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50 62                      | NONE KNOWN                                                                                               | 17430                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50 51                      | NONE KNOWN                                                                                               | 11699                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                      |     |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022       |                                                      |     |
| A Name of plan<br>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN                               | B Three-digit plan number (PN) ►                     | 038 |
|                                                                                                  |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HOLCIM PARTICIPATIONS (US) INC. | D Employer Identification Number (EIN)<br>54-1527022 |     |

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

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

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

|                         |                 |                                                                                                |
|-------------------------|-----------------|------------------------------------------------------------------------------------------------|
| c EIN-PN 22-3481535-001 | d Entity code M | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|-------------------------|-----------------|------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                                                           | For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                                                                                     |                                                                                           |
|                                                                                                                                                                                                                           | <b>A</b> Name of plan<br><b>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN</b>                                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>038</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOLCIM PARTICIPATIONS (US) INC.</b>                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><b>54-1527022</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 70431424              | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 70431424              | 0               |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 70431424 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | -19815772 |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -19815772 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1097336    |           |
| (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)  |            | 1097336   |
| 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)  | 94609      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 198125     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 194328     |           |
| (4) Other .....                                                                                 | 2i(4)  | 90148      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 577210    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1674546   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -21490318 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            | 48941106  |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

| 5b(1) Name of plan(s)         | 5b(2) EIN(s) | 5b(3) PN(s) |
|-------------------------------|--------------|-------------|
| LAFARGEHOLCIM US PENSION PLAN | 54-1527022   | 001         |
|                               |              |             |
|                               |              |             |
|                               |              |             |

**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 482714.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>LAFARGEHOLCIM US CONSOLIDATED UNION PENSION PLAN                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 038                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HOLCIM PARTICIPATIONS (US) INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>54-1527022                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 36-3046063                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 13                                                                                            |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                   |            |

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: 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 \_\_\_\_\_

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# Holcim Participations (US) Inc. Defined Benefit Plans

LafargeHolcim US Pension Plan  
LafargeHolcim US Consolidated Union Pension Plan

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**Financial Report**  
**December 31, 2022**

## 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**

We have performed audits of the financial statements of LafargeHolcim US Pension Plan and LafargeHolcim US Consolidated Union Pension Plan (the "Plans"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2022 and 2021 and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the statements of accumulated plan benefits (modified cash basis) as of December 31, 2021 and the related statements of changes in accumulated plan benefits (modified cash basis) for the year then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' 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 certifications from a qualified institution as of December 31, 2022 and 2021 and for the years then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the 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.

### ***Responsibilities of Management for the 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 financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plans; and determining that the Plans' transactions that are presented and disclosed in the 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 Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that 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 financial statements.

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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the 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 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

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

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

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.

***Supplemental Schedule Required by ERISA***

The supplemental schedule of assets held at end of year (modified cash basis) as of December 31, 2022 is presented for the purpose of additional analysis and is not a required part of the 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 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 supplemental schedule (modified cash basis), we evaluated whether the 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.

In our opinion:

- The form and content of the 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 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).

*Plante & Moran, PLLC*

Toledo, Ohio  
October 12, 2023

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

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

December 31, 2022 and 2021

|                                                                                      | 2022                                |                                                              | 2021                                |                                                              |
|--------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|
|                                                                                      | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US<br>Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US<br>Consolidated<br>Union Pension<br>Plan |
| <b>Assets</b>                                                                        |                                     |                                                              |                                     |                                                              |
| Investments - At fair value:                                                         |                                     |                                                              |                                     |                                                              |
| Plan's interest in the Holcim Participations (US) Inc. Master Retirement Trust:      |                                     |                                                              |                                     |                                                              |
| Common/collective trust funds                                                        | 11,340,058                          | -                                                            | \$ 76,965,227                       | \$ 16,689,177                                                |
| Limited partnerships and real estate investment trust                                | 1                                   | -                                                            | 27,301,771                          | 5,920,130                                                    |
| Fixed-income corporate securities                                                    | 3,825                               | -                                                            | 54,994,209                          | 11,924,971                                                   |
| Fixed-income governmental securities                                                 | -                                   | -                                                            | 45,162,472                          | 9,793,052                                                    |
| Interest-bearing cash                                                                | 790                                 | -                                                            | 786,680                             | 170,584                                                      |
| Buy-in group annuity contracts                                                       | 638,779,045                         | -                                                            | 644,036,845                         | 25,850,253                                                   |
| Accrued income and other assets                                                      | 22,218                              | -                                                            | 7,008,452                           | 178,527                                                      |
| Securities lending collateral                                                        | -                                   | -                                                            | 38,981,873                          | 8,452,848                                                    |
| Payables and unsettled trades                                                        | -                                   | -                                                            | (439,355)                           | (95,270)                                                     |
| Payable under securities lending agreement                                           | -                                   | -                                                            | (38,981,873)                        | (8,452,848)                                                  |
| Plan's total interest in the Holcim Participations (US) Inc. Master Retirement Trust | 650,145,937                         | -                                                            | 855,816,301                         | 70,431,424                                                   |
| Investments at contract value - Unallocated contract                                 | 81,050                              | -                                                            | 88,700                              | -                                                            |
| <b>Net Assets Available for Benefits</b>                                             | <b>\$ 650,226,987</b>               | <b>\$ -</b>                                                  | <b>\$ 855,905,001</b>               | <b>\$ 70,431,424</b>                                         |

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

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

Years Ended December 31, 2022 and 2021

|                                                                                                                                             | 2022                                |                                                              | 2021                                |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|
|                                                                                                                                             | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US<br>Consolidated<br>Union Pension<br>Plan | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US<br>Consolidated<br>Union Pension<br>Plan |
| <b>Additions</b>                                                                                                                            |                                     |                                                              |                                     |                                                              |
| Investment gain (loss):                                                                                                                     |                                     |                                                              |                                     |                                                              |
| Interest and dividends                                                                                                                      | \$ 3,924                            | \$ -                                                         | \$ 4,302                            | \$ -                                                         |
| Plan's interest in the Holcim Participations<br>(US) Inc. Master Retirement Trust<br>investment (loss) gain - Net of<br>investment expenses | (191,625,026)                       | (19,815,772)                                                 | (9,866,828)                         | 3,073,383                                                    |
| Other income (Note 2)                                                                                                                       | -                                   | -                                                            | -                                   | 1,258,869                                                    |
| Total additions - Net                                                                                                                       | (191,621,102)                       | (19,815,772)                                                 | (9,862,526)                         | 4,332,252                                                    |
| <b>Deductions</b>                                                                                                                           |                                     |                                                              |                                     |                                                              |
| Benefits paid directly to participants or<br>beneficiaries                                                                                  | 60,374,107                          | 1,097,336                                                    | 62,947,896                          | 653,795                                                      |
| Administrative expenses                                                                                                                     | 2,623,911                           | 577,210                                                      | 1,653,625                           | 922,440                                                      |
| Total deductions                                                                                                                            | 62,998,018                          | 1,674,546                                                    | 64,601,521                          | 1,576,235                                                    |
| <b>Net (Decrease) Increase before Other<br/>Changes</b>                                                                                     | (254,619,120)                       | (21,490,318)                                                 | (74,464,047)                        | 2,756,017                                                    |
| <b>Transfers In</b> (Note 9)                                                                                                                | 48,941,106                          | -                                                            | -                                   | -                                                            |
| <b>Transfers Out</b> (Note 9)                                                                                                               | -                                   | (48,941,106)                                                 | -                                   | -                                                            |
| <b>Net (Decrease) Increase</b>                                                                                                              | (205,678,014)                       | (70,431,424)                                                 | (74,464,047)                        | 2,756,017                                                    |
| <b>Net Assets Available for Benefits</b>                                                                                                    |                                     |                                                              |                                     |                                                              |
| Beginning of year                                                                                                                           | 855,905,001                         | 70,431,424                                                   | 930,369,048                         | 67,675,407                                                   |
| End of year                                                                                                                                 | <u>\$ 650,226,987</u>               | <u>\$ -</u>                                                  | <u>\$ 855,905,001</u>               | <u>\$ 70,431,424</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, 2021

|                                                                   | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US Consolidated<br>Union Pension<br>Plan |
|-------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>       |                                     |                                                           |
| Vested benefits:                                                  |                                     |                                                           |
| Participants currently receiving benefit payments                 | \$ 487,984,858                      | \$ 7,029,916                                              |
| Participating employees                                           | 267,193,636                         | 47,513,348                                                |
| Total vested benefits                                             | 755,178,494                         | 54,543,264                                                |
| Nonvested benefits                                                | 741,713                             | 2,133,543                                                 |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 755,920,207</b>               | <b>\$ 56,676,807</b>                                      |

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

### Statements of Changes in Accumulated Plan Benefits - Modified Cash Basis

Year Ended December 31, 2021

|                                                                                 | LafargeHolcim<br>US Pension<br>Plan | LafargeHolcim<br>US Consolidated<br>Union Pension<br>Plan |
|---------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits - Beginning of year</b> | \$ 808,050,699                      | \$ 55,560,013                                             |
| Increase (decrease) during the year attributable to:                            |                                     |                                                           |
| Benefits accumulated                                                            | 27,178,534                          | 1,933,706                                                 |
| Benefit payments                                                                | (63,589,189)                        | (653,795)                                                 |
| Assumption changes (Note 2)                                                     | (15,079,448)                        | (298,768)                                                 |
| Other                                                                           | (640,389)                           | 135,651                                                   |
| Net (decrease) increase                                                         | (52,130,492)                        | 1,116,794                                                 |
| <b>Actuarial Present Value of Accumulated Plan Benefits - End of year</b>       | <b>\$ 755,920,207</b>               | <b>\$ 56,676,807</b>                                      |

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

# Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

### Note 1 - Plan Description

The description 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.

Effective December 31, 2022, the LafargeHolcim US Consolidated Union Pension Plan was merged into the LafargeHolcim US Pension Plan (see Note 9). The information below provides descriptions of the Plans prior to the merger.

#### **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.

- 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

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### Notes to the Modified Cash Basis Financial Statements

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December 31, 2022 and 2021

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

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

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### Notes to the Modified Cash Basis Financial Statements

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December 31, 2022 and 2021

#### 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, 2022 and 2021.

##### *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, 2022 and 2021, 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 the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

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

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2021 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: Amounts-weighted aggregate rates from the Pri-2012 mortality study, adjusted with a 3.8% increase in base rates<br><br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021<br><br>LHUSPP Disabled: Amounts-weighted disabled retiree rates from the Pri-2012 mortality study<br><br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.<br><br>Consolidated Union Healthy: Amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustments and a 4.3% increase in mortality rates<br><br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.<br><br>Consolidated Union Disabled: Amounts-weighted disabled retiree rates from the Pri-2012 mortality study<br><br>Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021 |

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 mortality improvement scale and base table was changed from the MP-2020 scale at December 31, 2020 to the MP-2021 scale at December 31, 2021. The lump-sum conversion rate changed from 2.45 at December 31, 2020 to 2.80 at December 31, 2021.

#### **Benefit Payments**

Benefits are recorded when paid.

#### **Annuity Purchase**

In 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. In 2020, the merging plans also purchased an annuity contract totaling \$117,992,965, for a combined total of \$128,448,148.

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

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### Notes to the Modified Cash Basis Financial Statements

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December 31, 2022 and 2021

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

Under this agreement, New York Life assumed the obligation to pay future pension benefits for the covered participants starting on 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 for the year ended December 31, 2021.

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

Various administrative costs are paid by the Company.

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

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

##### ***Risks and Uncertainties***

Contributions to the Plans and the accumulated plans' accumulated 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 12, 2023, which is the date the financial statements were available to be issued.

#### Note 3 - Certified Information

Northern Trust holds the master trust investments and executes all investment transactions. The investment balances and related investment 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 \$81,050 and \$88,700 at December 31, 2022 and 2021, respectively, and related investment income of \$3,933 and \$4,331 for the years ended December 31, 2022 and 2021, respectively, were not certified by Northern Trust.

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

### Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 4 - Securities Lending

The Master Trust entered into a securities lending program with Northern Trust. 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 \$58,000 and \$149,000 from securities lending for the years ended December 31, 2022 and 2021, respectively.

The cash collateral received pursuant to securities lending transactions is reflected as a liability on the statements of net assets available for benefits - modified cash basis as of December 31, 2021. The Master Trust ended its security lending agreement in 2022. To the extent that a loan of securities is secured by cash collateral, such collateral is invested in a short-term investment fund managed by Northern Trust. The Master Trust bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in the fair value of the invested collateral. If applicable, this difference in value of the investments purchased with the cash collateral received and the amount due to the Borrowers upon return of securities on loan is recorded as an unrealized gain (loss).

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

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

|                                      | Market Value of<br>Loaned<br>Securities |
|--------------------------------------|-----------------------------------------|
| Fixed-income corporate securities    | \$ 1,275,482                            |
| Fixed-income governmental securities | 45,985,993                              |
| Total                                | <u>\$ 47,261,475</u>                    |

The total value of the cash collateral received by the Master Trust at December 31, 2021 was \$47,434,721 and \$471,544, respectively.

#### 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.

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

### Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 5 - Investments (Continued)

At December 31, 2022 and 2021, the Plans' respective interests in the Master Trust, net of the buy-in group annuity contracts was as follows:

|                         | 2022    | 2021    |
|-------------------------|---------|---------|
| LHUSPP                  | 100.0 % | 82.2 %  |
| Consolidated Union Plan | -       | 17.8    |
| Total                   | 100.0 % | 100.0 % |

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

##### **Level 1**

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the 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.

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.

The following valuation methodologies have been used to value the Master Trust's investments:

##### **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 net 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 Contract**

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.

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

### Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 5 - Investments (Continued)

##### *Real Estate Investment Trust*

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

##### *Interest-bearing Cash*

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

##### *Fixed-income Securities*

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

##### *Limited Partnerships*

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

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, 2022 and 2021:

| Master Trust Net Assets at December 31, 2022         |                |         |          |                |
|------------------------------------------------------|----------------|---------|----------|----------------|
|                                                      | Investments    | Level 1 | Level 2  | Level 3        |
| Investments at fair value:                           |                |         |          |                |
| Fixed-income securities -                            |                |         |          |                |
| Corporate                                            | \$ 3,825       | \$ -    | \$ 3,825 | \$ -           |
| Interest-bearing cash                                | 790            | -       | 790      | -              |
| Buy-in group annuity contracts                       | 638,779,045    | -       | -        | 638,779,045    |
| Total                                                | 638,783,660    | \$ -    | \$ 4,615 | \$ 638,779,045 |
| Investments measured at NAV:                         |                |         |          |                |
| Common collective trust funds                        | 11,340,508     |         |          |                |
| Limited partnership and real estate investment trust | 1              |         |          |                |
| Total investments                                    | \$ 650,124,169 |         |          |                |

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

### Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 5 - Investments (Continued)

| 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 investments                                    | \$ 967,030,092 |         |                |                |

#### Quantitative Information about Level 3 Fair Value Measurements

The following tables summarize the valuation methods and inputs used to determine fair value at December 31, 2022 and 2021 for assets measured at fair value on a recurring basis using unobservable inputs (Level 3 inputs).

|                           | Fair Value at<br>December 31,<br>2022 | Valuation<br>Technique                | Significant<br>Unobservable Inputs<br>Used                       | Range of<br>Inputs | Weighted<br>Average of<br>Inputs |
|---------------------------|---------------------------------------|---------------------------------------|------------------------------------------------------------------|--------------------|----------------------------------|
| LHUSPP GAC                | \$ 638,779,045                        | Present value of<br>future cash flows | Mortality rate (see<br>below)<br>Adjusted proxy<br>discount rate | 1.84% to<br>5.46%  | 5.24%                            |
| LHUSPP GAC                | \$ 644,036,845                        | Present value of<br>future cash flows | Mortality rate (see<br>below)<br>Adjusted proxy<br>discount rate | 1.84% to<br>2.22%  | 2.17%                            |
| Consolidated Union<br>GAC | 25,850,253                            | Present value of<br>future cash flows | Mortality rate (see<br>below)<br>Adjusted proxy<br>discount rate | 2.00% to<br>2.35%  | 2.07%                            |

The mortality assumptions used in the valuation as of December 31, 2022 are as follows:

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

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

### Notes to the Modified Cash Basis Financial Statements

December 31, 2022 and 2021

#### Note 5 - Investments (Continued)

The mortality assumptions used in the valuation as of December 31, 2021 are as follows:

|                                 | LHUSPP GAC                    | Consolidated Union GAC        |
|---------------------------------|-------------------------------|-------------------------------|
|                                 | In-Pay: 101%                  | In-Pay: 148%                  |
|                                 | Active: 108%                  | Active: 126%                  |
| Base Mortality Table Multiplier | Terminated Vested: 114%       | Terminated Vested: 129%       |
| Base Mortality Table            | Pri-2012 Employee/Nondisabled | Pri-2012 Employee/Nondisabled |
| Mortality Improvement Scale     | Annuitant Mortality Table     | Annuitant Mortality Table     |
|                                 | 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, 2022 and 2021 are as follows:

- Common/collective - There were no restrictions or investments held at December 31, 2022 and 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.
- The limited partnership investment with Barings Real Estate Property Fund had a fair value of \$1 and \$39,324,291 at December 31, 2022 and 2021, 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 investment loss for the Master Trust for the years ended December 31, 2022 and 2021 is as follows:

|                                                                                                       | 2022                    | 2021                  |
|-------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| Net realized and unrealized gains and losses on investments, excluding buy-in group annuity contracts | \$ (204,431,719)        | \$ (13,490,076)       |
| Unrealized gains and losses on buy-in group annuity contracts                                         | -                       | (9,566,848)           |
| Interest and dividends                                                                                | 7,030,724               | 16,263,479            |
| Total                                                                                                 | <u>\$ (197,400,995)</u> | <u>\$ (6,793,445)</u> |

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

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### Notes to the Modified Cash Basis Financial Statements

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December 31, 2022 and 2021

#### 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.

#### 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 May 31, 2023. The effect of the termination is not reflected in the accompanying financial statements and is not known at this time.

#### Note 9 - Plan Merger

Effective December 31, 2022, the LafargeHolcim US Consolidated Union Pension Plan was merged into the LafargeHolcim US Pension Plan.

Accordingly, all participants, assets, and related accumulated plan benefits of the Plans were transferred in 2022. The asset transfers are reported in the accompanying statements of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2022.

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LafargeHolcim US Consolidated Union Pension Plan  
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Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

**Schedule SB, Line 26—Schedule of Active Participant Data  
As of January 1, 2022**

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

**EIN: 54-1527022 PN: 038**

Number of Participants and Average Annual Frozen Benefit

| Attained<br>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           |                           | 10            |     |       |       |               |       |       |       |     |
| 30-34           | 1                         | 8             | 4   | 1     |       |               |       |       |       |     |
| 35-39           |                           | 16            | 7   | 13    |       |               |       |       |       |     |
| 40-44           | 2                         | 20<br>\$1,728 | 4   | 14    | 8     |               |       |       |       |     |
| 45-49           | 1                         | 14            | 12  | 8     | 8     | 5             |       |       |       |     |
| 50-54           | 1                         | 10            | 6   | 10    | 5     | 10            | 4     |       |       |     |
| 55-59           |                           | 8             | 4   | 11    | 11    | 20<br>\$8,880 | 10    | 3     |       |     |
| 60-64           | 1                         | 8             | 3   | 4     | 6     | 7             | 10    | 2     | 6     |     |
| 65-69           |                           | 2             | 2   | 3     | 4     | 2             | 2     | 1     | 1     | 1   |
| 70+             |                           |               |     |       |       |               |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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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 2021), 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 | 5.18% |
| 3rd Segment Rate | 5.92% |

|                                         |                                                                                                                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Maximum Tax Purposes | Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

|                  |       |
|------------------|-------|
| 1st Segment Rate | 1.07% |
| 2nd Segment Rate | 2.68% |
| 3rd Segment Rate | 3.36% |

Optional Payment Form Election Percentage

|                                     |                                                                                                                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Active Participants<br>Former BCIPP | 28% life annuity.<br>21% joint and 50% survivor annuity.<br>21% joint and 100% survivor annuity.<br>30% lump sum. |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                              |                                                                                             |
|----------------------------------------------|---------------------------------------------------------------------------------------------|
| Former Grove hired before<br>January 1, 2003 | 80% lump sum,<br>8% 3-year certain and life annuity.<br>12% joint and 75% survivor annuity, |
|----------------------------------------------|---------------------------------------------------------------------------------------------|

|                                               |                                                                            |
|-----------------------------------------------|----------------------------------------------------------------------------|
| Former Grove hired after<br>December 31, 2002 | 40% 3-year certain and life annuity,<br>60% joint and 75% survivor annuity |
|-----------------------------------------------|----------------------------------------------------------------------------|

|            |                                                          |
|------------|----------------------------------------------------------|
| All others | 40% life annuity,<br>60% joint and 75% survivor annuity. |
|------------|----------------------------------------------------------|

|                                                |                                                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Terminated Vested Participants<br>Former BCIPP | Lump sum probabilities of 0%, 40%, 70%, and 100% depending on termination date; otherwise normal form for unmarried participants. |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

|            |                                         |
|------------|-----------------------------------------|
| All others | Normal form for unmarried participants. |
|------------|-----------------------------------------|

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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For ERISA Requirements

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lump Sum Conversion Interest Rate                                                     | Same as funding interest rates above for lump sums, with a minimum value based on a 5.5% interest rate for former Blue Circle Inc. Pension Plan participants only.                                                                                                                                                                                                                                                              |
| Lump Sum Conversion Mortality                                                         | Current IRC section 417(e) table for lump sums                                                                                                                                                                                                                                                                                                                                                                                  |
| Benefits not Valued                                                                   | <p>The lump sum option for Grove participants hired prior to January 1, 2003 is not explicitly valued for the terminated participants with deferred vested benefits. Rather, such participants' benefits are valued using the benefit choice assumptions described above.</p> <p>The maximum benefit level applicable to the Newcem participants is not valued because this is not expected to affect many future retirees.</p> |
| Retirement Age                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Active Participants that decrement after reaching retirement eligibility              |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Former Aggregates and Concrete hired before January 1, 2001                           | Age 62.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| All Others                                                                            | See Tables 2-6.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Active Participants that decrement before reaching retirement eligibility             |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Former Cement-Boilermakers, Marblehead Stone, Multi-Plant, Whitehall, and Great Lakes | Earlier of age 62 with 10 years of credited service or age 65.                                                                                                                                                                                                                                                                                                                                                                  |
| Former Aggregates and Concrete, Presque Isle, Grove, Ravena and Newcem                | Age 62.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Former BCIPP                                                                          | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Terminated Vested Participants                                                        | Age 62.                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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For ERISA Requirements

Mortality Rates

Healthy and Disabled

2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85

Withdrawal Rates

See Tables 7-8.

Disability Rates

See Tables 9-11.

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 \$245,000.

Valuation of Plan Assets

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

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

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LafargeHolcim US Consolidated Union Pension Plan  
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For ERISA Requirements

Expected Return on Assets

|                |       |
|----------------|-------|
| 2020 Plan Year | 5.25% |
| 2021 Plan Year | 4.00% |
| 2022 Plan Year | 4.00% |

Trust Expenses Included in Target Normal Cost

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

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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Table 1

**Retirement Rates – Former Aggregates and Concrete**

| <b>Age</b> | <b>Years of Service</b> |            |
|------------|-------------------------|------------|
|            | <b>0-29</b>             | <b>30+</b> |
| 60         | 5.00%                   | 25.00%     |
| 61         | 15.00%                  | 25.00%     |
| 62         | 25.00%                  | 50.00%     |
| 63         | 25.00%                  | 50.00%     |
| 64         | 25.00%                  | 50.00%     |
| 65         | 50.00%                  | 100.00%    |
| 66         | 50.00%                  | 100.00%    |
| 67+        | 100.00%                 | 100.00%    |

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LafargeHolcim US Consolidated Union Pension Plan  
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Table 2

**Retirement Rates – Former Cement-Boilermakers, Multi-Plant, Ravena and Whitehall**

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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Table 3

**Retirement Rates—Former Blue Circle Inc. Pension Plan**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 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)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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Table 4

**Retirement Rates—Former Presque Isle**

| <b>Age</b> | <b>Years of Service</b> |              |            |
|------------|-------------------------|--------------|------------|
|            | <b>0-14</b>             | <b>15-29</b> | <b>30+</b> |
| 50         | 0.00%                   | 0.00%        | 3.00%      |
| 51         | 0.00%                   | 0.00%        | 3.00%      |
| 52         | 0.00%                   | 0.00%        | 3.00%      |
| 53         | 0.00%                   | 0.00%        | 3.00%      |
| 54         | 0.00%                   | 0.00%        | 3.00%      |
| 55         | 0.00%                   | 0.00%        | 10.00%     |
| 56         | 0.00%                   | 0.00%        | 10.00%     |
| 57         | 0.00%                   | 0.00%        | 10.00%     |
| 58         | 0.00%                   | 0.00%        | 10.00%     |
| 59         | 0.00%                   | 0.00%        | 10.00%     |
| 60         | 0.00%                   | 5.00%        | 25.00%     |
| 61         | 0.00%                   | 15.00%       | 25.00%     |
| 62         | 0.00%                   | 25.00%       | 50.00%     |
| 63         | 0.00%                   | 25.00%       | 50.00%     |
| 64         | 0.00%                   | 25.00%       | 50.00%     |
| 65         | 50.00%                  | 50.00%       | 100.00%    |
| 66         | 50.00%                  | 50.00%       | 100.00%    |
| 67+        | 100.00%                 | 100.00%      | 100.00%    |

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LafargeHolcim US Consolidated Union Pension Plan  
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Table 5

**Retirement Rates—Former Great Lakes**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 10.00%      |
| 56         | 5.00%       |
| 57         | 5.00%       |
| 58         | 5.00%       |
| 59         | 5.00%       |
| 60         | 5.00%       |
| 61         | 15.00%      |
| 62         | 25.00%      |
| 63         | 25.00%      |
| 64         | 25.00%      |
| 65         | 50.00%      |
| 66         | 50.00%      |
| 67+        | 100.00%     |

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Table 6

**Retirement Rates—Former Marblehead Stone, Grove, and Newcem**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 60                | 5.00%              |
| 61                | 15.00%             |
| 62                | 25.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65                | 50.00%             |
| 66                | 50.00%             |
| 67+               | 100.00%            |

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LafargeHolcim US Consolidated Union Pension Plan  
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Table 7

**Withdrawal Rates—Former Blue Circle Inc. Pension Plan**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 8.86%       | 45         | 5.57%       |
| 16         | 8.86%       | 46         | 5.51%       |
| 17         | 8.86%       | 47         | 5.46%       |
| 18         | 8.86%       | 48         | 5.41%       |
| 19         | 8.86%       | 49         | 5.35%       |
| 20         | 8.86%       | 50         | 5.30%       |
| 21         | 8.86%       | 51         | 5.29%       |
| 22         | 8.86%       | 52         | 5.28%       |
| 23         | 8.86%       | 53         | 5.28%       |
| 24         | 8.86%       | 54+        | 5.27%       |
| 25         | 8.86%       |            |             |
| 26         | 8.37%       |            |             |
| 27         | 7.89%       |            |             |
| 28         | 7.40%       |            |             |
| 29         | 6.92%       |            |             |
| 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%       |            |             |

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LafargeHolcim US Consolidated Union Pension Plan  
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Table 8

**Withdrawal Rates—All Others**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 11.38%      | 45         | 9.47%       |
| 16         | 11.38%      | 46         | 9.20%       |
| 17         | 11.38%      | 47         | 8.88%       |
| 18         | 11.38%      | 48         | 8.50%       |
| 19         | 11.38%      | 49         | 8.05%       |
| 20         | 11.38%      | 50         | 7.54%       |
| 21         | 11.38%      | 51         | 6.95%       |
| 22         | 11.38%      | 52         | 6.28%       |
| 23         | 11.38%      | 53         | 5.53%       |
| 24         | 11.38%      | 54+        | 4.69%       |
| 25         | 11.38%      |            |             |
| 26         | 11.38%      |            |             |
| 27         | 11.06%      |            |             |
| 28         | 10.79%      |            |             |
| 29         | 10.58%      |            |             |
| 30         | 10.41%      |            |             |
| 31         | 10.28%      |            |             |
| 32         | 10.19%      |            |             |
| 33         | 10.13%      |            |             |
| 34         | 10.09%      |            |             |
| 35         | 10.08%      |            |             |
| 36         | 10.08%      |            |             |
| 37         | 10.18%      |            |             |
| 38         | 10.18%      |            |             |
| 39         | 10.17%      |            |             |
| 40         | 10.13%      |            |             |
| 41         | 10.07%      |            |             |
| 42         | 9.98%       |            |             |
| 43         | 9.85%       |            |             |
| 44         | 9.68%       |            |             |

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Table 9

**Disability Rates—Former Blue Circle Inc. Pension Plan**

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

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Table 10

**Disability Rates—Former Marblehead Stone**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0088%     | 0.0080%       | 45         | 0.1010%     | 0.1040%       |
| 16         | 0.0088%     | 0.0080%       | 46         | 0.1110%     | 0.1140%       |
| 17         | 0.0094%     | 0.0080%       | 47         | 0.1230%     | 0.1260%       |
| 18         | 0.0102%     | 0.0090%       | 48         | 0.1360%     | 0.1390%       |
| 19         | 0.0110%     | 0.0100%       | 49         | 0.1500%     | 0.1540%       |
| 20         | 0.0120%     | 0.0100%       | 50         | 0.1660%     | 0.1710%       |
| 21         | 0.0140%     | 0.0120%       | 51         | 0.1840%     | 0.1890%       |
| 22         | 0.0150%     | 0.0130%       | 52         | 0.2070%     | 0.2100%       |
| 23         | 0.0160%     | 0.0150%       | 53         | 0.2340%     | 0.2360%       |
| 24         | 0.0170%     | 0.0170%       | 54         | 0.2660%     | 0.2670%       |
| 25         | 0.0190%     | 0.0190%       | 55         | 0.3000%     | 0.2980%       |
| 26         | 0.0200%     | 0.0220%       | 56         | 0.3350%     | 0.3260%       |
| 27         | 0.0220%     | 0.0240%       | 57         | 0.3670%     | 0.3470%       |
| 28         | 0.0230%     | 0.0270%       | 58         | 0.3970%     | 0.3510%       |
| 29         | 0.0250%     | 0.0300%       | 59         | 0.4250%     | 0.3550%       |
| 30         | 0.0270%     | 0.0330%       | 60         | 0.4530%     | 0.3590%       |
| 31         | 0.0290%     | 0.0360%       | 61         | 0.4820%     | 0.3630%       |
| 32         | 0.0310%     | 0.0400%       | 62         | 0.5120%     | 0.3670%       |
| 33         | 0.0340%     | 0.0430%       | 63         | 0.5420%     | 0.3810%       |
| 34         | 0.0370%     | 0.0470%       | 64         | 0.5740%     | 0.3980%       |
| 35         | 0.0400%     | 0.0500%       | 65         | 0.6060%     | 0.4190%       |
| 36         | 0.0430%     | 0.0540%       | 66         | 0.6400%     | 0.4410%       |
| 37         | 0.0470%     | 0.0590%       | 67         | 0.6760%     | 0.4640%       |
| 38         | 0.0520%     | 0.0630%       | 68         | 0.7150%     | 0.4880%       |
| 39         | 0.0570%     | 0.0670%       | 69         | 0.7560%     | 0.5130%       |
| 40         | 0.0630%     | 0.0710%       | 70+        | 0.7560%     | 0.5130%       |
| 41         | 0.0690%     | 0.0770%       |            |             |               |
| 42         | 0.0760%     | 0.0830%       |            |             |               |
| 43         | 0.0840%     | 0.0890%       |            |             |               |
| 44         | 0.0920%     | 0.0960%       |            |             |               |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
EIN: 54-1527022 PN: 038

Table 11

**Disability Rates—All Others**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.044%      | 0.039%        | 45         | 0.505%      | 0.522%        |
| 16         | 0.047%      | 0.042%        | 46         | 0.556%      | 0.570%        |
| 17         | 0.051%      | 0.045%        | 47         | 0.616%      | 0.628%        |
| 18         | 0.055%      | 0.048%        | 48         | 0.682%      | 0.695%        |
| 19         | 0.059%      | 0.051%        | 49         | 0.751%      | 0.770%        |
| 20         | 0.064%      | 0.055%        | 50         | 0.830%      | 0.854%        |
| 21         | 0.069%      | 0.060%        | 51         | 0.922%      | 0.947%        |
| 22         | 0.074%      | 0.066%        | 52         | 1.033%      | 1.052%        |
| 23         | 0.080%      | 0.074%        | 53         | 1.170%      | 1.181%        |
| 24         | 0.086%      | 0.084%        | 54         | 1.330%      | 1.334%        |
| 25         | 0.093%      | 0.096%        | 55         | 1.502%      | 1.490%        |
| 26         | 0.100%      | 0.108%        | 56         | 1.674%      | 1.630%        |
| 27         | 0.108%      | 0.121%        | 57         | 1.836%      | 1.733%        |
| 28         | 0.116%      | 0.135%        | 58         | 1.984%      | 1.753%        |
| 29         | 0.125%      | 0.149%        | 59         | 2.126%      | 1.773%        |
| 30         | 0.134%      | 0.165%        | 60         | 2.266%      | 1.793%        |
| 31         | 0.145%      | 0.181%        | 61         | 2.408%      | 1.813%        |
| 32         | 0.157%      | 0.198%        | 62         | 2.558%      | 1.833%        |
| 33         | 0.170%      | 0.215%        | 63         | 2.712%      | 1.903%        |
| 34         | 0.184%      | 0.234%        | 64         | 2.868%      | 1.992%        |
| 35         | 0.199%      | 0.252%        | 65         | 3.028%      | 2.095%        |
| 36         | 0.216%      | 0.272%        | 66         | 3.199%      | 2.207%        |
| 37         | 0.237%      | 0.293%        | 67         | 3.382%      | 2.322%        |
| 38         | 0.260%      | 0.314%        | 68         | 3.577%      | 2.441%        |
| 39         | 0.286%      | 0.335%        | 69         | 3.781%      | 2.567%        |
| 40         | 0.314%      | 0.357%        | 70+        | 3.781%      | 2.567%        |
| 41         | 0.345%      | 0.383%        |            |             |               |
| 42         | 0.381%      | 0.413%        |            |             |               |
| 43         | 0.419%      | 0.447%        |            |             |               |
| 44         | 0.460%      | 0.482%        |            |             |               |

**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

**2022****This Form is Open to Public  
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

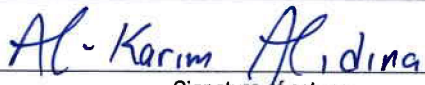
|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>LafargeHolcim US Consolidated Union Pension Plan                                                                 |  | <b>B</b> Three-digit plan number (PN) ▶ 038                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Holcim Participations (US) Inc.                               |  | <b>D</b> Employer Identification Number (EIN)<br>54-1527022                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2022                                                                                                                                             |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 70,010,003               |
| b Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 65,421,949               |
| <b>3</b> 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 .....                                                                                                                                     | 78                         | 6,059,560                 | 6,059,560                |
| b For terminated vested participants .....                                                                                                                                                               | 608                        | 16,833,268                | 16,833,268               |
| c For active participants .....                                                                                                                                                                          | 335                        | 18,107,061                | 19,902,117               |
| d Total .....                                                                                                                                                                                            | 1,021                      | 40,999,889                | 42,794,945               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   |                            | <b>5</b>                  | 5.54%                    |
| <b>6</b> Target normal cost:                                                                                                                                                                             |                            |                           |                          |
| a Present value of current plan year accruals .....                                                                                                                                                      |                            | <b>6a</b>                 | 0                        |
| b Expected plan-related expenses .....                                                                                                                                                                   |                            | <b>6b</b>                 | 1,016,000                |
| c Total (line 6a + line 6b) .....                                                                                                                                                                        |                            | <b>6c</b>                 | 1,016,000                |

**Statement by Enrolled Actuary**

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

|                                                             |                                                                                     |                                        |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                            |  | 09/27/2023                             |
| Signature of actuary                                        |                                                                                     | Date                                   |
| Al-Karim Alidina                                            |                                                                                     | 2306110                                |
| Type or print name of actuary                               |                                                                                     | Most recent enrollment number          |
| Aon Consulting, Inc.                                        |                                                                                     | 202-223-0673                           |
| Firm name                                                   |                                                                                     | Telephone number (including area code) |
| 2001 K Street, NW<br>Suite 625 North<br>Washington DC 20006 |                                                                                     |                                        |
| Address of the firm                                         |                                                                                     |                                        |

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

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

Schedule SB (Form 5500) 2022  
v. 220413

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 2,047,270             | 22,886,241             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 990,000               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 1,057,270             | 22,886,241             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.95</u> % .....                                                                                 | 62,908                | 1,361,731              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 1,120,178             | 2,636,968              |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 21,611,004             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.37 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 113.21 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 89.69 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.18 %3rd segment:  
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

61

**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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....☒

Yes

☐

No

**b** Is the plan required to provide a projection of expected benefit payments? 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**

1,016,000

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

1,016,000

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

0

0

**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**

0

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....

0

0

0

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

0

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

0

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

0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
EIN: 54-1527022 PN: 038

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

The AFTAP for the Plan was issued on June 30, 2022. The Funding Target was revised after the issuance of the original certification due to participant data updates, and the Value of Plan Assets was updated following a correction provided by the trustee. The Funding Balances reflect the final election made for the prior plan year. The inputs used for the original AFTAP as well as the final results reported on the Schedule SB are as follows:

|                                       | <b>AFTAP</b>   | <b>Schedule SB</b> |
|---------------------------------------|----------------|--------------------|
| Funding Target                        | \$ 43,468,192  | \$ 42,794,945      |
| Value of Plan Assets                  | \$ 64,360,486  | \$ 65,421,949      |
| Funding Standard Carryover Balance    | \$ 1,069,852   | \$ 0               |
| Prefunding Balance                    | \$ 23,158,587  | \$ 21,611,004      |
| Aggregate Annuity Purchases for NHCEs | \$ 128,448,149 | \$ 128,448,149     |
| AFTAP                                 | 112.15%        | 113.21%            |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
EIN: 54-1527022 PN: 038

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.

**Former Aggregates and Concrete**

**Years of Service Under 30 Years**

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 60.5             | 5.00%       | 1.0000        | 3.03                              |
| 61.5             | 15.00%      | 0.9500        | 8.76                              |
| 62.5             | 25.00%      | 0.8075        | 12.62                             |
| 63.5             | 25.00%      | 0.6056        | 9.61                              |
| 64.5             | 25.00%      | 0.4542        | 7.32                              |
| 65.5             | 50.00%      | 0.3407        | 11.16                             |
| 66.5             | 50.00%      | 0.1703        | 5.66                              |
| 67               | 100.00%     | 0.0852        | 5.71                              |
| Weighted Average |             |               | 63.87                             |

**Years of Service 30+ Years**

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 60.5             | 25.00%      | 1.0000        | 15.13                             |
| 61.5             | 25.00%      | 0.7500        | 11.53                             |
| 62.5             | 50.00%      | 0.5625        | 17.58                             |
| 63.5             | 50.00%      | 0.2813        | 8.93                              |
| 64.5             | 50.00%      | 0.1406        | 4.54                              |
| 65               | 100.00%     | 0.0703        | 4.57                              |
| 66               | 100.00%     | 0.0000        | 0.00                              |
| 67               | 100.00%     | 0.0000        | 0.00                              |
| Weighted Average |             |               | 62.28                             |

**Former Cement-Boilermakers, Multi-Plant, Ravena, and Whitehall**

**Years of Service Under 30 Years**

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

**Years of Service 30+ Years**

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

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**Former Blue Circle Inc. Pension Plan**

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(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                       |
| 70.0             | 100.00% | 0.0271 | 1.90                       |
| Weighted Average |         |        | 62.68                      |

**Former Marblehead, Grove, & NewCem**

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 60.5             | 5.00%   | 1.0000 | 3.03                       |
| 61.5             | 15.00%  | 0.9500 | 8.76                       |
| 62.5             | 25.00%  | 0.8075 | 12.62                      |
| 63.5             | 25.00%  | 0.6056 | 9.61                       |
| 64.5             | 25.00%  | 0.4542 | 7.32                       |
| 65.5             | 50.00%  | 0.3407 | 11.16                      |
| 66.5             | 50.00%  | 0.1703 | 5.66                       |
| 67.0             | 100.00% | 0.0852 | 5.71                       |
| Weighted Average |         |        | 63.87                      |

**Former Great Lakes**

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

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**Former Presque Isle**

**Years of Service Under 15 Years**

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 65.5             | 50.00%      | 1.0000        | 32.75                             |
| 66.5             | 50.00%      | 0.5000        | 16.63                             |
| 67.0             | 100.00%     | 0.2500        | 16.75                             |
| Weighted Average |             |               | 66.13                             |

**Years of Service 15 - 29 Years**

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 60.5             | 5.00%       | 1.0000        | 3.03                              |
| 61.5             | 15.00%      | 0.9500        | 8.76                              |
| 62.5             | 25.00%      | 0.8075        | 12.62                             |
| 63.5             | 25.00%      | 0.6056        | 9.61                              |
| 64.5             | 25.00%      | 0.4542        | 7.32                              |
| 65.5             | 50.00%      | 0.3407        | 11.16                             |
| 66.5             | 50.00%      | 0.1703        | 5.66                              |
| 67.0             | 100.00%     | 0.0852        | 5.71                              |
| Weighted Average |             |               | 63.87                             |

**Years of Service Under 30+ Years**

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

|                                                                                         |     |       |
|-----------------------------------------------------------------------------------------|-----|-------|
| Former Aggregates and Concrete, Under 30 Years of Service                               | 12  | 63.87 |
| Former Aggregates and Concrete, 30+ Years of Service                                    | 26  | 62.28 |
| Former Cement-Boilermakers, Multi-Plant, Ravena, & Whitehall, Under 30 Years of Service | 66  | 62.05 |
| Former Cement-Boilermakers, Multi-Plant, Ravena, & Whitehall, 30+ Years of Service      | 116 | 59.14 |
| Former Blue Circle Inc. Pension Plan                                                    | 12  | 62.68 |
| Former Marblehead, Grove, & NewCem                                                      | 38  | 63.87 |
| Former Great Lakes                                                                      | 7   | 62.05 |
| Former Presque Isle, Under 15 Years of Service                                          | 1   | 66.13 |
| Former Presque Isle, 15-29 Years of Service                                             | 11  | 63.87 |
| Former Presque Isle, 30+ Years of Service                                               | 46  | 59.14 |
| Total                                                                                   | 335 | 61.03 |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|-----------|
| 2022      | 351,656             | 1,185,838                      | 470,489                                                   | 2,007,983 |
| 2023      | 532,988             | 610,400                        | 467,354                                                   | 1,610,742 |
| 2024      | 723,471             | 633,481                        | 463,547                                                   | 1,820,500 |
| 2025      | 857,693             | 643,604                        | 459,606                                                   | 1,960,902 |
| 2026      | 994,479             | 623,507                        | 455,279                                                   | 2,073,265 |
| 2027      | 1,102,798           | 867,841                        | 450,535                                                   | 2,421,174 |
| 2028      | 1,193,535           | 774,911                        | 445,340                                                   | 2,413,787 |
| 2029      | 1,271,507           | 1,003,191                      | 440,694                                                   | 2,715,392 |
| 2030      | 1,340,902           | 882,793                        | 436,386                                                   | 2,660,080 |
| 2031      | 1,390,003           | 998,609                        | 429,453                                                   | 2,818,065 |
| 2032      | 1,441,407           | 1,063,842                      | 421,922                                                   | 2,927,171 |
| 2033      | 1,484,868           | 1,167,369                      | 413,752                                                   | 3,065,989 |
| 2034      | 1,501,631           | 1,170,947                      | 404,895                                                   | 3,077,474 |
| 2035      | 1,540,599           | 1,258,076                      | 395,304                                                   | 3,193,979 |
| 2036      | 1,559,897           | 1,218,458                      | 384,927                                                   | 3,163,283 |
| 2037      | 1,576,704           | 1,304,227                      | 373,717                                                   | 3,254,648 |
| 2038      | 1,584,801           | 1,334,351                      | 361,630                                                   | 3,280,782 |
| 2039      | 1,612,044           | 1,331,257                      | 348,635                                                   | 3,291,936 |
| 2040      | 1,604,237           | 1,351,557                      | 334,713                                                   | 3,290,506 |
| 2041      | 1,621,232           | 1,351,539                      | 319,859                                                   | 3,292,629 |
| 2042      | 1,615,288           | 1,352,833                      | 304,085                                                   | 3,272,206 |
| 2043      | 1,597,521           | 1,355,226                      | 287,430                                                   | 3,240,178 |
| 2044      | 1,573,779           | 1,336,848                      | 269,969                                                   | 3,180,597 |
| 2045      | 1,541,046           | 1,313,207                      | 251,817                                                   | 3,106,069 |
| 2046      | 1,504,811           | 1,307,531                      | 233,127                                                   | 3,045,468 |
| 2047      | 1,467,587           | 1,270,539                      | 214,091                                                   | 2,952,217 |
| 2048      | 1,428,624           | 1,236,015                      | 194,931                                                   | 2,859,570 |
| 2049      | 1,388,084           | 1,189,845                      | 175,889                                                   | 2,753,819 |
| 2050      | 1,334,151           | 1,136,277                      | 157,220                                                   | 2,627,648 |
| 2051      | 1,274,926           | 1,086,899                      | 139,171                                                   | 2,500,996 |
| 2052      | 1,211,137           | 1,033,068                      | 121,969                                                   | 2,366,173 |
| 2053      | 1,141,048           | 977,702                        | 105,802                                                   | 2,224,552 |
| 2054      | 1,072,871           | 917,384                        | 90,817                                                    | 2,081,072 |
| 2055      | 1,002,950           | 858,751                        | 77,112                                                    | 1,938,812 |
| 2056      | 937,817             | 801,578                        | 64,744                                                    | 1,804,139 |
| 2057      | 871,111             | 743,613                        | 53,731                                                    | 1,668,456 |
| 2058      | 805,730             | 686,821                        | 44,063                                                    | 1,536,615 |
| 2059      | 742,881             | 629,768                        | 35,699                                                    | 1,408,348 |
| 2060      | 682,196             | 574,447                        | 28,570                                                    | 1,285,212 |
| 2061      | 624,799             | 521,146                        | 22,589                                                    | 1,168,534 |
| 2062      | 570,605             | 470,118                        | 17,649                                                    | 1,058,372 |
| 2063      | 519,406             | 421,643                        | 13,633                                                    | 954,682   |
| 2064      | 471,491             | 375,934                        | 10,420                                                    | 857,845   |
| 2065      | 426,768             | 333,162                        | 7,892                                                     | 767,822   |
| 2066      | 385,107             | 293,442                        | 5,934                                                     | 684,484   |

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| <b>Plan Year</b> | <b>Active Participants</b> | <b>Terminated Vested Participants</b> | <b>Retired Participants and Beneficiaries Receiving Payments</b> | <b>Total</b> |
|------------------|----------------------------|---------------------------------------|------------------------------------------------------------------|--------------|
| 2067             | 346,353                    | 256,838                               | 4,444                                                            | 607,635      |
| 2068             | 310,355                    | 223,368                               | 3,326                                                            | 537,048      |
| 2069             | 276,974                    | 193,000                               | 2,498                                                            | 472,473      |
| 2070             | 246,082                    | 165,661                               | 1,892                                                            | 413,635      |
| 2071             | 217,573                    | 141,235                               | 1,450                                                            | 360,258      |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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Schedule SB, Part V—Summary of Plan Provisions

Former LafargeHolcim US Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Cement)

Effective Date May 1, 1981. Amended and restated effective January 1, 2017. The latest amendment is dated December 23, 2020.

Eligibility for Participation All hourly compensated employees at the Tulsa, Oklahoma Plant, the Roberta, Alabama Plant, the Atlanta, Georgia Plant owned by Lafarge Building Materials, Inc. prior to January 1, 2002 are eligible to participate in the plan.

As of June 13, 1995, the United Cement, Lime Gypsum and Allied Workers International Union (AFL-CIO) Local Union #502 was decertified and employees at the Atlanta and Georgia Plant ceased to accrue a benefit under the plan and became participants in the Blue Circle Inc. Pension Plan.

Normal Retirement  
Eligibility

Age 65.

Benefit

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 06/01/1999            | \$24.50           |
| 06/01/2000            | \$25.00           |
| 06/01/2001            | \$25.50           |
| 06/01/2002            | \$26.50           |
| 06/01/2003            | \$27.50           |
| 06/01/2004            | \$28.50           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 08/18/1997            | \$23.00           |
| 08/01/1998            | \$23.50           |
| 07/01/1999            | \$24.50           |
| 06/01/2000            | \$25.50           |
| 05/01/2001            | \$26.00           |
| 05/01/2002            | \$26.50           |
| 05/01/2003            | \$27.00           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 05/01/1986            | \$22.50           |
| 05/01/1991            | \$23.00           |
| 05/01/1993            | \$23.50           |

**Early Retirement  
Eligibility**

Age 55 with 5 years of credited service or 30 years of credited service.

**Benefit**

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

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

**Late Retirement  
Eligibility**

Retirement after normal retirement age.

**Benefit**

The accrued benefit as of the late retirement date.

**Vested Termination  
Eligibility**

Five years of eligibility service.

**Benefit**

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

**Disability**

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|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility            | Totally and permanently disabled with 10 years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit                | The monthly disability benefit, payable immediately will be equal to the disability multiplier time credited service. For Roberta and Atlanta, the disability multiplier is equal to the normal retirement benefit multiplier. For Tulsa, the disability multiplier is equal to the normal retirement benefit multiplier plus \$1. The minimum monthly disability benefit is \$550 for Atlanta.                                                                                                                                                                                                                                                                                                                                          |
| Plant Shutdown Benefit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Eligibility            | 10 years of credited service and age plus credited service equal to 65 or more.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Benefit                | A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date with no reduction for early payments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Surviving Spouse       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Eligibility            | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit                | <p>For employees who die after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of \$75 per month until the surviving spouse's 62<sup>nd</sup> birthday applies.</p> <p>For employees who die after becoming eligible for a deferred vested benefit, but before becoming eligible for early retirement, 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.</p> |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity  
66-2/3% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity  
Lump sum – Available to Roberta and Atlanta employees only  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Definitions

Credited Service

A full year of credited service is earned if the employee works 1,200 or more hours in one plan year. 1/12 of a year's credit is given for each 100 hours worked less than 1,200.

Eligibility Service

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

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Former LafargeHolcim US Pension Plan for Hourly Compensated Employees  
(Aggregates and Concrete)

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | June 1, 1952. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Eligibility for Participation | <p>The following employees were formerly eligible to participate in the plan on their date of hire and the benefits payable under the plan to them will be the benefits provided under the terms of the plan as in effect on the earlier of the date of each such employee's termination of employment or the applicable freeze date listed below:</p> <ul style="list-style-type: none"><li>(i) Canfield Lab plant (freeze date: July 31, 2017)</li><li>(ii) Cleveland Aggregates location – effective December 2, 2011 (freeze date: July 31, 2017)</li><li>(iii) Cutlip plant</li><li>(iv) Cuyahoga plant</li><li>(v) Duquesne and Crafton Yard locations (freeze date: July 31, 2017)</li><li>(vi) Georgetown plant</li><li>(vii) Haverhill plant</li><li>(viii) Lordstown Crushing, Lordstown Construction Landfill, McDonald, and Salt Springs (freeze date: September 30, 2017)</li><li>(ix) Marblehead quarry – effective March 22, 2004 (freeze date: July 31, 2017)</li><li>(x) Mingo plant</li><li>(xi) Petersburg plant – Northern Division (Employees who were members of the Internal Union of Operating Engineers – Local 66)</li></ul> |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
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- (xii) Pittsburg Sand and Gravel plant
- (xiii) River Dock and Kelley's Island locations – effective March 22, 2004 (freeze date: July 31, 2017)
- (xiv) Shalersville plant (freeze date: July 31, 2017)
- (xv) Streetsboro location – effective January 1, 2007 (freeze date: July 31, 2017)
- (xvi) Weirton (Employees who were members of the United States Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers Union)
- (xvii) Wright City Quarry (Employees who were members of the collective bargaining unit represented by Operating Engineers Local 513)
- (xviii) Employees of Whitestone Supply Company, EO Stone Acquisition, Ltd, and Whitestone Supply Company of Lordstown at the Alliance, Ohio; Rt, 45 Yard in Lordstown, Ohio; and Twinsburg, Ohio locations, other than employees who were members of a collective bargaining unit with which a Company negotiates and with respect to whom no coverage is provided by collective bargaining agreement (freeze date: July 31, 2017)

Prior to the union's decertification on February 1, 2012, all employees who were members of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, Local no. 328, AFL-CIO at the Company's Tonawanda Plant in Erie County, New York or at the Company's Plant located on Hopkins Street in Buffalo, New York.

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Normal Retirement

Eligibility

Age 65 with 5 years of continuous service.

Benefit

A monthly amount equal to the greater of (1) or (2):

- (1) 1.1% of average monthly earnings as of October 1, 1981 multiplied by continuous service as of October 1, 1981, up to 30 years, plus 1.2% of average monthly average earnings as of October 1, 1981 multiplied by continuous service in excess of 30 years as of October 1, 1981. This amount is then increased by 5%.
- (2) An amount equal to the following benefit schedule multiplied by continuous service (Minimum Pension):
  - (i) For a nonbargained, hourly paid employee of the Canfield Lab plant, Shalersville plant, River Dock and Kelley's Island locations, Marblehead quarry, Streetsboro location, Cleveland Aggregates location, Whitestone Supply Company, EO Stone Acquisition, Ltd, Whitestone Supply Company of Lordstown at the Alliance, Ohio; Rt. 45 Yard in Lordstown, Ohio; and Twinsburg, Ohio locations, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2000            | \$27.00           |
| 01/01/2001            | \$29.00           |
| 01/01/2002            | \$30.00           |
| 01/01/2003            | \$31.00           |
| 01/01/2004            | \$32.00           |
| 09/01/2006            | \$37.00           |
| 01/01/2008            | \$38.00           |
| 01/01/2009            | \$39.00           |

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- (ii) For a union hourly paid employee of Petersburg Plant – Northern Division, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2002            | \$30.00           |
| 01/01/2003            | \$31.00           |
| 01/01/2004            | \$33.00           |
| 01/01/2005            | \$34.00           |
| 01/01/2007            | \$35.00           |
| 01/01/2008            | \$36.00           |
| 01/01/2009            | \$37.00           |
| 01/01/2010            | \$38.50           |
| 01/01/2011            | \$40.00           |
| 01/01/2012            | \$41.50           |
| 01/01/2013            | \$42.50           |

- (iii) For a union hourly paid employee of the United States Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers Union at McDonald, Salt Springs, and Weirton, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2005            | \$35.00           |
| 01/01/2006            | \$36.00           |
| 01/01/2007            | \$37.00           |
| 01/01/2008            | \$38.00           |
| 01/01/2009            | \$40.00           |
| 09/01/2010            | \$42.00           |
| 01/01/2011            | \$44.00           |
| 01/01/2012            | \$47.00           |

- (iv) For a nonbargained, hourly paid employee of Duquesne and Crafton Yard locations, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 05/01/2007            | \$35.00           |
| 12/18/2007            | \$38.00           |
| 01/01/2009            | \$39.00           |

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- (v) For a union hourly paid employee of Wright City Quarry, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2008            | \$34.00           |
| 01/01/2009            | \$36.00           |
| 01/01/2010            | \$37.00           |
| 01/01/2011            | \$38.00           |

- (vi) For a union hourly paid employee of Buffalo D-328 location, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2009            | \$25.00           |

- (vii) For a union hourly paid employee of Lordstown Crushing, and Lordstown Construction Landfill, the accrued benefit is computed by multiplying the retirement multiplier below by years of continuous service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2005            | \$35.00           |
| 01/01/2006            | \$36.00           |
| 01/01/2007            | \$37.00           |
| 01/01/2008            | \$38.00           |
| 01/01/2009            | \$40.00           |
| 01/01/2010            | \$42.00           |
| 01/01/2011            | \$44.00           |
| 01/01/2012            | \$47.00           |
| 10/01/2013            | \$52.00           |
| 10/01/2017            | \$54.00           |

Special Payment  
Eligibility

Eligible for Normal or Early Retirement

Benefit

A special payment in the amount equivalent to 13 weeks of vacation pay, paid as a lump sum immediately upon retirement.

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Early Retirement  
Eligibility

Age 60 with 30 years of continuous service. Employees hired on or before December 31, 2000 are eligible to retire with age 62 and 15 years of continuous service or age 60 and 15 years of service.

Benefit

Employees with age 62 and 15 years of continuous service or age 60 with 30 years of service are eligible for an unreduced normal retirement benefit.

Employees hired on or before December 31, 2000 with age 60 and 15 years of continuous service are eligible for reduced normal retirement benefit as follows:

| <u>Age at Retirement</u> | <u>Early Retirement Factor</u> |
|--------------------------|--------------------------------|
| 60                       | 83.82%                         |
| 61                       | 91.45%                         |
| 62                       | 100.00%                        |

Plant Shutdown Benefit  
Eligibility

Employees working at one of the following facilities at the time that facility is permanently closed or sold:

- (i) Weirton
- (ii) Warren
- (iii) Lordstown
- (iv) Salt Springs
- (v) McDonald

who are not offered employment with the purchaser of the facility or continued employment with current employer or one of its affiliates,

And has at least 15 years of continuous service for benefit calculation purposes,

And the total of age and continuous service is at least 70 and the participant is at least age 55, or the total of age plus all continuous service used for benefit calculation purposes is at least 80. .

Benefit

A monthly benefit equal to the unreduced normal retirement benefit, payable prior to age 65.

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Vested Termination  
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. For employees hired before December 31, 2000, the benefit will be reduced as follows for early commencement:

| <b>Age at Retirement</b> | <b>Age 40 with 15 or more Years of Service</b> | <b>5 Years of Service, Hired before January 1, 2001</b> |
|--------------------------|------------------------------------------------|---------------------------------------------------------|
| 60                       | 83.82%                                         | 63.10%                                                  |
| 61                       | 91.45%                                         | 68.85%                                                  |
| 62                       | 100.00%                                        | 75.28%                                                  |
| 63                       | 100.00%                                        | 82.53%                                                  |
| 64                       | 100.00%                                        | 90.72%                                                  |

For employees hired after December 31, 2000, the benefit will be reduced as follows for early commencement:

| <b>Age at Retirement</b> | <b>Early Retirement Factor</b> |
|--------------------------|--------------------------------|
| 60                       | 70.00%                         |
| 61                       | 76.00%                         |
| 62                       | 82.00%                         |
| 63                       | 88.00%                         |
| 64                       | 94.00%                         |
| 65                       | 100.00%                        |

Disability  
Eligibility

Totally and permanently disabled with 15 years of continuous service.

Benefit

The accrued benefit at the date of disability, payable immediately.

Surviving Spouse  
Eligibility

The spouse of a participant with at least 15 years of continuous service and dies during active employment or dies after retirement other than a deferred vested pension is entitled to the surviving spouse benefit.

Benefit

The surviving spouse will receive a monthly benefit equal to 50% of the accrued monthly benefit that would have been payable to the participant at age 62. The minimum surviving spouse's benefit is \$140 per month before age 60 and \$90 per month thereafter.

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Normal Form of Annuity  
Without Spouse

Single life annuity.

With Spouse

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

Optional Forms of Annuity

Single life annuity  
75% joint and survivor annuity  
100% joint and survivor annuity  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Actuarial Equivalence

1994 Uninsured Pension Mortality Table (males rates for participants and female rates for beneficiaries) and 6.5% interest rate.

Definitions

Average earnings

Average earnings during any five consecutive calendar years producing the highest average in the last ten calendar years immediately prior to retirement.

Continuous Service

Continuous service is used to determine both eligibility to participate and the amount of plan benefit. Continuous service is the service from most recent hire date until the date of retirement. If there is break in continuous service, service will be calculated from the date of reemployment following the last break in continuous service.

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Former LafargeHolcim US Hourly Pension Plan (Cement-Boilermakers)

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | January 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Eligibility for Participation | <p>Hourly compensated employees who are (i) represented by the Cement, Lime Gypsum and Allied workers Division of the Union, (ii) members of the Bargaining Units set out below, and (iii) covered by a Collective Bargaining Agreement with such Bargaining Unit and/or the Union that provided for coverage under this plan:</p> <ol style="list-style-type: none"><li>1. Local Lodge No. D-75 at the Fredonia, Kansas Plant (Sold)</li><li>2. Local Lodge No. D-375 at the Paulding, Ohio Plant (freeze date: February 7, 2017)</li><li>3. Local Lodge No. D-421 at the Tulsa, Oklahoma Plant (Sold)</li><li>4. Local Lodge No. D-27 at the Sugar Creek, Missouri Plant (Sold)</li><li>5. Local Lodge No. D-6 at the Davenport, Iowa Plant (Sold)</li><li>6. Local Lodge No. D-999 (DNCL) at the Seattle, Washington Plant, provided, however, that no Employee represented, by this Bargaining Unit shall be eligible to participate in the plan if he or she first completes an hour of service on or after January 1, 2016. Further, effective February 15, 2016, any employee who first completes an hour of service on or after August 1, 2015 and prior to January 1, 2016 shall cease to be a covered employee who is eligible to participate in the plan. (Freeze date for all employees: December 31, 2017)</li><li>7. Local Lodge No. D-37 at the Vancouver, Washington Plant (decertified)</li><li>8. Local Lodge at the Waukegan, Illinois Terminal (Shutdown)</li></ol> |

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

Normal Retirement

Eligibility

Age 65.

Benefit

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2010            | \$38.00           |
| 01/24/2011            | \$39.00           |
| 11/01/2011            | \$39.50           |
| 11/01/2012            | \$40.00           |
| 11/01/2013            | \$41.00           |
| 11/01/2014            | \$42.00           |
| 11/01/2015            | \$43.50           |
| 11/01/2016            | \$45.00           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 05/01/2008            | \$33.00           |
| 05/01/2009            | \$34.00           |
| 05/01/2010            | \$35.50           |
| 05/01/2011            | \$37.00           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2010            | \$37.50           |
| 12/16/2010            | \$38.50           |
| 12/16/2011            | \$39.50           |
| 12/16/2012            | \$40.00           |
| 12/16/2013            | \$40.50           |
| 12/16/2014            | \$41.00           |
| 12/16/2015            | \$41.50           |

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

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2010            | \$34.00           |
| 05/01/2010            | \$34.50           |
| 05/01/2011            | \$35.00           |
| 05/01/2012            | \$35.50           |
| 05/01/2013            | \$36.50           |
| 05/01/2014            | \$37.50           |
| 05/01/2015            | \$39.00           |
| 05/01/2017            | \$42.00           |

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

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 04/30/2008            | \$33.00           |
| 04/30/2009            | \$34.00           |
| 04/30/2010            | \$35.00           |
| 04/30/2011            | \$38.00           |
| 04/30/2012            | \$40.00           |
| 04/30/2013            | \$41.00           |
| 05/01/2014            | \$42.00           |

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

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

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2010            | \$34.50           |
| 11/01/2010            | \$35.00           |
| 11/01/2011            | \$35.50           |
| 11/01/2012            | \$36.00           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2010            | \$32.00           |
| 01/14/2010            | \$33.00           |
| 01/15/2011            | \$34.00           |
| 01/16/2012            | \$36.00           |

**Early Retirement**  
**Eligibility**

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

**Benefit**

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

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

**Late Retirement**  
**Eligibility**

Retirement after normal retirement age.

**Benefit**

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

**Vested Termination**  
**Eligibility**

Five years of vesting service.

**Benefit**

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

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Disability

Eligibility

Totally and permanently disabled with 10 or more years of credited service.

Benefit

The monthly disability benefit, payable immediately, will be equal to the disability multiplier times credited service. For all locations, the disability multiplier is equal to the normal retirement benefit multiplier plus \$1 except for Sugar Creek from April 30, 2008 through December 31, 2009, which is based on \$33.

The minimum monthly disability benefit is \$550 for Davenport, \$450 for Fredonia, Paulding, Sugar Creek and Vancouver, \$475 for Seattle and \$300 for Waukegan. There is no minimum disability benefit for Tulsa.

Surviving Spouse

Eligibility

Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of \$75 per month until the surviving spouse's 62<sup>nd</sup> birthday applies.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

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

Optional Forms of Annuity

Single life annuity  
10 year certain and life annuity  
66-2/3% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity  
Lump sum if the present value of the total benefit is less than \$7,500  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

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Actuarial Equivalence

RP-2000 Mortality Table (no collar, male, with a 1 year setback for participants, and no collar, female for spouse and other beneficiaries) and 6.50% interest rate. For Waukegan, actuarial equivalence is UP 1984 Unisex Mortality Table and 9.00% interest rate.

Definitions

Credited Service

Credited service is equal to the sum of (i) the participant's credited service determined under the terms and conditions of the combined plan in which he or she was a participant before January 1, 2010, determined as of the last day of the plan year before January 1, 2010, plus (ii) credited service for employment beginning on or after January 1, 2010. After January 1, 2010, a full year of credited service is earned if the employee works 1,200 or more hours in one plan year. If the employee has less than 1,200 hours during any calendar year, a partial year of service is determined by dividing hours of service for the year by 1,200.

Vesting Service

One year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

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Former LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant)

Effective Date

May 1, 1963. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation

The participants in this plan as of January 1, 2017 are represented by the Cement, Lime, Gypsum and Allied Workers Division, International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO (the "International Union"), Local Lodges No.D-75 at Fredonia and No. D-375 at Paulding and the United Steelworkers of America, AFL-CIO, CLC, Local Union No. 14532 at Oswego, New York.

Each employee is represented by a collective bargaining unit that bargained with the Company for coverage under this plan.

Effective August 1, 2008, certain employees formerly covered under the Lafarge North America Inc. Retirement Plan who were employed by an Employer at the Joppa, Illinois location and who are members of Local Union 3907 of the United Mine Workers of America became eligible to participate in this plan and ceased participation in the Retirement Plan.

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Normal Retirement

Eligibility

Age 65 and 5 years of eligibility service.

Benefit

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2001            | \$24.50           |
| 12/16/2001            | \$25.50           |
| 12/16/2002            | \$26.50           |
| 12/16/2003            | \$28.50           |
| 12/16/2004            | \$29.50           |
| 12/16/2005            | \$30.50           |
| 12/16/2006            | \$31.50           |
| 12/16/2007            | \$32.50           |
| 12/16/2008            | \$34.50           |
| 12/16/2009            | \$36.50           |
| 12/16/2010            | \$37.50           |
| 12/16/2011            | \$39.00           |
| 12/16/2012            | \$40.50           |
| 12/16/2013            | \$42.00           |

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

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 08/01/2008            | \$34.00           |
| 08/01/2010            | \$35.00           |
| 08/01/2011            | \$36.00           |
| 08/01/2012            | \$37.00           |
| 08/01/2013            | \$38.00           |
| 08/01/2014            | \$39.00           |

Early Retirement

Eligibility

Age 55 with 10 years of credited service or 30 years of credited service.

Benefit

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

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

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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.

Benefit

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

Disability

Eligibility

Totally and permanently disabled with 10 years of credited service.

Benefit

The monthly disability benefit, payable immediately, will be equal to the disability multiplier times credited service. For all locations, the disability multiplier is equal to the normal retirement benefit multiplier plus \$1. The minimum monthly disability benefit is \$450.

Plant Shutdown Benefit

Eligibility

10 years of credited service and age plus credited service equal to 65 or more.

Benefit

A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date with no reduction for early payments.

Surviving Spouse

Eligibility

Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefit

For employees who die after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit.

For employees who die after becoming eligible for a deferred vested benefit, but before becoming eligible for early retirement, 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

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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.

Optional Forms of Annuity

Single life annuity  
66-2/3% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Actuarial Equivalence

UP 1984 Unisex Mortality Table and 7.00% interest rate.

Definitions

Credited Service

Before May 1, 1963, a full year of credited service is earned if the employee works 1,600 or more hours in one plan year. If the employee has less than 1,600 hours during any calendar year, a credit of 1/12 year will be given for each 133-1/3 compensated hours.

After May 1, 1963 and before April 30, 1967, a full year of credited service is earned if the employee works 1,400 or more hours in one plan year. If the employee has less than 1,400 hours during any calendar year, a credit of 1/12 year will be given for each 115 compensated hours.

After May 1, 1967, a full year of credited service is earned if the employee works 1,200 or more hours in one plan year. If the employee has more than 500 hours but less than 1,200 hours during any calendar year, a partial year of service is determined by dividing hours of service for the year by 1,200.

Eligibility Service

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

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Former Blue Circle Inc. Pension Plan

Effective Date May 1, 1963. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Effective December 31, 2014 the Blue Circle Inc. Pension Plan was merged into the LafargeHolcim US Pension Plan for Hourly Compensated Employees (Multi-Plant).

Eligibility for Participation Employees of Blue Circle Cement Division or corporate headquarters staff of Blue Circle America Inc. are eligible to participate in the plan. Additionally employees of Blue Circle Industries PLC (PLC) included on the Company's payroll under an agreement whereby PLC reimburses the Company for the cost of providing compensation and benefits are eligible to participate in the plan. However the employees will not be eligible to participate in this plan if there is an agreement with PLC that the employee remains in a PLC plan.

Employees covered by a collective bargaining agreement, leased employees and Blue Circle employees who are not employed in the Cement Division, corporate headquarters, or PLC are not eligible to participate in the plan.

Normal Retirement  
Eligibility

Age 65.

Benefit

The accrued benefit for an employee is equal to 1.33% of final average pensionable earnings multiplied by credited service (up to a maximum of 40).

As of January 1, 2002, there were no active employees, therefore, pay and service earned after December 31, 2001 are not included in the benefit calculation.

Early Retirement  
Eligibility

Age 55 with 5 years of credited service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 0.3333% for each month the early retirement precedes age 65.

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|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Late Retirement<br>Eligibility           | Retirement after normal retirement age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Benefit                                  | The accrued benefit as of the late retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Vested Termination<br>Eligibility        | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit                                  | The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Disability<br>Eligibility                | Totally and permanently disabled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefit                                  | The monthly disability benefit, payable at normal retirement date, will be equal to the accrued benefit as of the disability date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Surviving Spouse<br>Eligibility          | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                                  | <p>For employees who die while actively employed and after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 75% of the amount payable if the participant had retired early with a 75% joint and survivor benefit.</p> <p>For all other employees who die after becoming eligible for a deferred vested 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.</p> |
| Normal Form of Annuity<br>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.                                                                                                                                                                                                                                                                                                                                                     |

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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  
50% joint and survivor annuity  
66-2/3% joint and survivor annuity  
75% joint and survivor annuity  
Level Income  
Lump sum if the present value of the total benefit is less than \$1,000  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Definitions

Final Average Earnings

Average earnings during any five consecutive calendar years producing the highest average in the last ten calendar years immediately prior to retirement.

Credited Service

Credited service is the period of employment with the company from the time the employees are covered by this plan to termination date. Credited service is frozen effective December 31, 2001.

Vesting Service

One year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
LafargeHolcim US Consolidated Union Pension Plan  
EIN: 54-1527022 PN: 038

Former LafargeHolcim US Pension Plan for Hourly Compensated Employees (Presque Isle)

Effective Date January 1, 1960. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation An employee who is covered by the settlement agreement between the company or the employer and the union (Cement, Lime, Gypsum and Allied Workers Division International Brotherhood of Boilermakers, Local No. D-351) and hired prior to January 1, 2015 is eligible to participate on the date on which he attains age 21 and completes one year of continuous service.

Benefits accruals were frozen effective April 8, 2018.

Normal Retirement  
Eligibility

Age 65 with 5 years of continuous service.

Benefit

A monthly amount equal to the greater of (1) or (2):

(3) 1.1% of average monthly earnings multiplied by continuous service up to 30 plus 1.2% of average monthly average earnings multiplied by continuous service in excess of 30. This amount is then increased by 5%.

(4) An amount equal to the following benefit schedule multiplied by continuous service (Minimum Pension):

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/1998            | \$29.00           |
| 10/16/2001            | \$31.00           |
| 10/16/2002            | \$32.00           |
| 10/16/2003            | \$32.50           |
| 10/16/2004            | \$33.00           |
| 10/16/2005            | \$34.50           |
| 10/16/2006            | \$35.50           |
| 10/16/2007            | \$36.50           |
| 10/16/2008            | \$37.00           |
| 10/16/2009            | \$42.00           |
| 10/16/2010            | \$43.00           |
| 10/16/2011            | \$44.00           |
| 10/16/2012            | \$44.50           |
| 10/16/2013            | \$46.00           |

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|            |         |
|------------|---------|
| 10/16/2014 | \$47.50 |
| 10/16/2015 | \$48.00 |
| 10/16/2016 | \$48.50 |
| 10/16/2017 | \$50.50 |

Special Payment

A special payment is made in all cases of retirement except disability or deferred vested pension. The amount of special payment is based on the vacation available in the year of retirement and the vacation pay received in that year. It is paid as a lump sum immediately upon retirement.

Early Retirement  
Eligibility

Age 60 and fifteen years of continuous service or 30 years of continuous service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced for early commencement as follows:

| <b>Age at Retirement</b> | <b>Early Retirement Factor</b> |
|--------------------------|--------------------------------|
| 60                       | 83.82%                         |
| 61                       | 91.45%                         |
| 62                       | 100.00%                        |

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

Late Retirement  
Eligibility

Retirement after normal retirement age.

Benefit

The accrued benefit as of the late retirement date.

Vested Termination  
Eligibility

Five years of continuous service.

Benefit

The accrued benefit at the date of termination. If benefits begin before normal retirement, they will be actuarially reduced as follows:

| <b>Age at Retirement</b> | <b>Age 40 with 15 or more Years of Service</b> | <b>5 Years of Service</b> |
|--------------------------|------------------------------------------------|---------------------------|
| 60                       | 83.82%                                         | 63.10%                    |
| 61                       | 91.45%                                         | 68.85%                    |
| 62                       | 100.00%                                        | 75.28%                    |
| 63                       | 100.00%                                        | 82.53%                    |
| 64                       | 100.00%                                        | 90.72%                    |

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Disability

Eligibility

Totally and permanently disabled with fifteen years of continuous service.

Benefit

The accrued benefit at the date of disability, payable immediately. A supplemental pension of \$400 per month is payable until age 62 or until the employee becomes eligible for Social Security disability benefits.

70/80 Retirement

Eligibility

A participant who had at least 15 years of continuous service and not reached age 62 and (a) whose age plus continuous service equal to 70 or more if he is aged 55 or older, or (b) whose age plus continuous service equal to 80 or more if he is not reached age 55; and meets one of the following:

- (1) His continuous service is broken by reason of a permanent shutdown or by reason of layoff or disability; or
- (2) His continuous service is not broken, but he is absent from work because he elected to be placed on layoff status in connection with a permanent shutdown; or
- (3) His continuous service is not broken and while on layoff status by reason of your election to be placed on layoff status under provisions applicable in the event of a permanent shutdown, he accept a job with Presque Isle or another participating employer but elect to retire within 90 consecutive calendar days after his first day back at work.

Benefit

The accrued benefit at the date of retirement, payable immediately. A supplemental pension of \$400 per month is payable until age 62.

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Rule-of-65 Retirement  
Eligibility

A participant who had at least 20 years of continuous service and not reached age 55 and his age plus service is equal to 65 or more but less than 80, and meets one of the following:

- (1) His continuous service is broken by reason of a layoff or disability; or
- (2) His continuous service is not broken, but he is absent from work because he elected to be placed on layoff status under provisions applicable in the event of a permanent shutdown, and he has not been offered suitable long-term employment. If he receive and offer of suitable long-term employment, he will be provided a written explanation of his rights and obligations in connection with that offer, including the number of days in which he must respond to the offer. If he refuses the offer, he will be ineligible for the Rule-of-65 retirement.

Benefit

The accrued benefit at the date of retirement, payable immediately. A supplemental pension of \$400 per month is payable until age 62.

Surviving Spouse  
Eligibility

The spouse of a participant with at least 15 years of continuous service and dies during active employment or dies after retirement other than a deferred vested pension is entitled to the surviving spouse benefit.

Benefit

The surviving spouse will receive a monthly benefit equal to 50% of the accrued monthly benefit that would have been payable to the participant at age 62. The minimum surviving spouse's benefit is \$140 per month before age 60 and \$90 per month thereafter.

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.

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Optional Forms of Annuity

Single life annuity  
50% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity  
50% joint and survivor annuity with pop-up  
100% joint and survivor annuity with pop-up  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000

Actuarial Equivalence

1994 Uninsured Pension Mortality Table (males rates for participants and female rates for beneficiaries) and 6.5% interest rate.

Definitions

Average earnings

Average earnings during any five consecutive calendar years producing the highest average in the last ten calendar years immediately prior to retirement.

Continuous Service

Continuous service is used to determine both eligibility to participate and the amount of plan benefit. Continuous service is the service from most recent hire date until the date of retirement. If there is break in continuous service, service will be calculated from the date of reemployment following the last break in continuous service.

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

Oswego employees including those formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Multi-Plant)

Effective Date April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation All hourly compensated employees at the Oswego, New York plant who are members of the Bargaining Unit represented by the Union, and who first had an hour of service prior to January 1, 2015. Employees hired on or after January 1, 2015 are ineligible to participate in the plan.

Normal Retirement  
Eligibility

Age 65 and 5 years of eligibility service

Benefit

A monthly benefit equal to the following benefit schedule multiplied by credited service:

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2001            | \$24.50           |
| 12/16/2001            | \$25.50           |
| 12/16/2002            | \$26.50           |
| 12/16/2003            | \$28.50           |
| 12/16/2004            | \$29.50           |
| 12/16/2005            | \$30.50           |
| 12/16/2006            | \$31.50           |
| 12/16/2007            | \$32.50           |
| 12/16/2008            | \$34.50           |
| 12/16/2009            | \$36.50           |
| 12/16/2010            | \$37.50           |
| 12/16/2011            | \$39.00           |
| 12/16/2012            | \$40.50           |
| 12/16/2013            | \$42.00           |
| 01/01/2015            | \$43.00           |
| 01/01/2016            | \$44.00           |
| 01/01/2017            | \$45.00           |

Benefit accruals were frozen effective December 31, 2017.

Early Retirement  
Eligibility

Age 55 with 10 years of credited service, or 30 years of continuous credited service regardless of age.

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|                                    |                                                                                                                                                                                                                                                                  |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                            | <p>A monthly benefit equal to the normal retirement benefit reduced by 0.3% for each month the early retirement precedes age 65.</p> <p>Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.</p>                 |
| 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 eligibility service.                                                                                                                                                                                                                               |
| Benefit                            | The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.                                                                  |
| Disability Eligibility             | Totally and permanently disabled with 10 years of credited service.                                                                                                                                                                                              |
| Benefit                            | The monthly disability benefit, payable immediately will be equal to the disability multiplier times credited service. The disability multiplier is equal to the normal retirement benefit multiplier plus \$1. The minimum monthly disability benefit is \$450. |
| Plant Shutdown Benefit Eligibility | 10 years of credited service and age plus credited service equal to 65 or more.                                                                                                                                                                                  |
| Benefit                            | A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date with no reduction for early payments.                                                                                    |
| Surviving Spouse Eligibility       | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                              |
| Benefit                            | For employees who die after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 66 2/3% of the                                                                                              |

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amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of \$75 per month until the surviving spouse's 62<sup>nd</sup> birthday applies.

For employees who die after becoming eligible for a deferred vested benefit, but before becoming eligible for early retirement, 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.

Optional Forms of Annuity

Single life annuity  
66 2/3% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity

An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.

Actuarial Equivalence

UP-1984 Unisex Mortality Table and 7% interest rate.

Definitions

Eligibility Service

One year of eligibility service is earned if the employee works 1,000 or more hours in one plan year. The employee does not earn a year of eligibility service if the employee has less than 1,000 hours of service in a calendar year.

Credited Service

A full year of credited service is earned if the employee works 1,200 or more hours in one plan year. If the employee has less than 1,200 hours during any calendar year, partial years of service are determined by dividing hours of service for the year by 1,200.

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Whitehall employees including those formerly participating in the Lafarge  
North America Inc. Pension Plan for Hourly Compensated Employees (Whitehall)

Effective Date April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation All hourly compensated employees at the Whitehall Pennsylvania plant who are members of the Bargaining Unit represented by the Union. Employees hired on or after January 1, 2016 are ineligible to participate in the plan.

Normal Retirement  
Eligibility

Age 65

Benefit

A monthly benefit equal to the following benefit schedule multiplied by credited service:

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2003            | \$29.00           |
| 01/01/2004            | \$30.50           |
| 01/01/2005            | \$32.00           |
| 01/01/2006            | \$34.00           |
| 01/01/2007            | \$36.00           |
| 01/01/2008            | \$37.00           |
| 01/01/2009            | \$39.00           |
| 12/01/2010            | \$40.50           |
| 12/01/2011            | \$42.00           |
| 12/01/2012            | \$43.00           |
| 12/01/2013            | \$43.50           |
| 12/01/2014            | \$44.00           |
| 12/01/2017            | \$45.00           |

Benefit accruals were frozen effective December 31, 2017.

Early Retirement  
Eligibility

Age 55 with 10 years of continuous credited service or 30 years of credited service regardless of age.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 0.3% for each month the early retirement precedes age 65.  
Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

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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 eligibility service.

Benefit

The accrued benefit at the date of termination. If the payment begins before normal retirement date, the benefit amount will be reduced using actuarially equivalent benefit reduction factors.

Disability  
Eligibility

Totally and permanently disabled with 10 years of credited service.

Benefit

The monthly disability benefit is based on the following multiplier and minimum benefit.

| Effective<br>Date | Multiplier | Minimum<br>Benefit |
|-------------------|------------|--------------------|
| 01/01/2001        | \$28.00    | \$450.00           |
| 01/01/2002        | \$29.00    | \$450.00           |
| 01/01/2003        | \$30.00    | \$450.00           |
| 01/01/2004        | \$31.50    | \$450.00           |
| 01/01/2005        | \$33.00    | \$450.00           |
| 01/01/2006        | \$35.00    | \$700.00           |
| 01/01/2007        | \$37.00    | \$700.00           |
| 01/01/2008        | \$38.00    | \$700.00           |
| 01/01/2009        | \$40.00    | \$750.00           |
| 12/01/2010        | \$41.50    | \$750.00           |
| 12/01/2011        | \$43.00    | \$750.00           |
| 12/01/2012        | \$44.00    | \$800.00           |
| 12/01/2013        | \$44.50    | \$800.00           |
| 12/01/2014        | \$45.00    | \$800.00           |
| 12/01/2017        | \$46.00    | \$800.00           |

Plant Shutdown Benefit  
Eligibility

10 years of credited service and age plus credited service equal to 65 or more.

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|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                  | A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surviving Spouse<br>Eligibility          | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                                  | <p>For employees who die after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of \$75 per month until the surviving spouse's 62<sup>nd</sup> birthday applies.</p> <p>For employees who die after becoming eligible for a deferred vested benefit, but before becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit.</p> |
| Normal Form of Annuity<br>Without Spouse | Single life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| With Spouse                              | 50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Optional Forms of Annuity                | <p>Single life annuity<br/>66 2/3% joint and survivor annuity<br/>75% joint and survivor annuity<br/>100% joint and survivor annuity<br/>An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Actuarial Equivalence                    | Actuarial tables as outlined in the plan document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Definitions<br>Eligibility Service       | One year of eligibility service is earned if the employee works 1,000 or more hours in one plan year. The employee does not earn a year of eligibility service if the employee has less than 1,000 hours of service in a calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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Credited Service

A full year of credited service is earned if the employee works 1,200 or more hours in one plan year. If the employee has less than 1,200 hours during any calendar year, partial years of service are determined by dividing hours of service for the year by 1,200.

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Great Lakes employees including those formerly participating in the Lafarge  
North America Inc. Pension Plan for Hourly Compensated Employees (Great Lakes)

| Effective Date                | April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|
| Eligibility for Participation | All hourly compensated employees of Lafarge North America Inc. or Lafarge Midwest Inc. who work at:<br><br>(i) Lafarge's Buffalo, New York Terminal and are represented by the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO, Cement, Lime, Gypsum and Allied Worker's Division, Local Union No. D328; or<br><br>(ii) Lafarge's Detroit, Michigan Terminal and are represented by the Oil, Chemical, and Atomic Workers International Union, AFL-CIO, Local Union No. 7-314. Employees hired on or after August 1, 2015 are ineligible to participate in the plan.                                                                                                                                                                                  |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| Normal Retirement Eligibility | Age 65 and 5 years of participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| Benefit                       | For employees at the Buffalo location, a monthly amount equal to the following benefit schedule multiplied by credited service:<br><table><tr><th><u>Effective Date</u></th><th><u>Multiplier</u></th></tr><tr><td>01/01/1988</td><td>\$15.00</td></tr><tr><td>12/05/1989</td><td>\$16.00</td></tr><tr><td>12/05/1990</td><td>\$17.00</td></tr><tr><td>12/05/1991</td><td>\$18.00</td></tr><tr><td>12/05/1992</td><td>\$18.50</td></tr><tr><td>12/05/1993</td><td>\$19.00</td></tr><tr><td>12/05/1994</td><td>\$19.50</td></tr><tr><td>12/05/1995</td><td>\$20.00</td></tr><tr><td>12/05/1996</td><td>\$20.75</td></tr><tr><td>12/05/1997</td><td>\$21.50</td></tr></table><br>For employees at the Detroit location, a monthly amount equal to the following benefit schedule multiplied by credited service: | <u>Effective Date</u> | <u>Multiplier</u> | 01/01/1988 | \$15.00 | 12/05/1989 | \$16.00 | 12/05/1990 | \$17.00 | 12/05/1991 | \$18.00 | 12/05/1992 | \$18.50 | 12/05/1993 | \$19.00 | 12/05/1994 | \$19.50 | 12/05/1995 | \$20.00 | 12/05/1996 | \$20.75 | 12/05/1997 | \$21.50 |
| <u>Effective Date</u>         | <u>Multiplier</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 01/01/1988                    | \$15.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1989                    | \$16.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1990                    | \$17.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1991                    | \$18.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1992                    | \$18.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1993                    | \$19.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1994                    | \$19.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1995                    | \$20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1996                    | \$20.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |
| 12/05/1997                    | \$21.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                   |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |

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| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/1988            | \$15.00           |
| 01/01/1990            | \$16.00           |
| 01/01/1991            | \$17.00           |
| 01/01/1992            | \$18.00           |
| 01/01/1993            | \$18.50           |
| 01/01/1994            | \$19.00           |
| 01/01/1995            | \$19.50           |
| 01/01/1996            | \$20.25           |
| 01/01/1997            | \$21.00           |
| 01/01/1998            | \$21.50           |
| 01/01/1999            | \$22.50           |
| 01/01/2000            | \$23.00           |
| 01/01/2003            | \$24.00           |
| 01/01/2004            | \$25.50           |
| 01/01/2005            | \$27.00           |
| 01/01/2007            | \$28.00           |
| 01/01/2008            | \$29.00           |
| 01/01/2009            | \$30.00           |
| 01/01/2010            | \$31.00           |
| 01/01/2011            | \$32.00           |
| 01/01/2012            | \$33.00           |
| 01/01/2015            | \$34.00           |
| 01/01/2016            | \$35.00           |
| 01/01/2017            | \$36.00           |

Benefit accruals were frozen effective December 31, 2017.

Early Retirement

Eligibility

Age 55 with 10 years of eligibility service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 0.5% for each month the early retirement precedes age 65.

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 eligibility service.

Benefit

The accrued benefit at the date of termination. If the payment begins before normal retirement date, the benefit amount will be reduced using actuarially equivalent benefit reduction factors.

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Disability

Eligibility

Totally and permanently disabled with 10 years of eligibility service.

Benefit

The monthly disability benefit, payable at normal retirement date, will be equal to the accrued benefit as of the disability date. The minimum monthly disability benefit is \$280 for Buffalo and \$400 for Detroit.

Surviving Spouse

Eligibility

Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 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.

Optional Forms of Annuity

Single life annuity

75% joint and survivor annuity

An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.

Actuarial Equivalence

UP-1984 Unisex Mortality Table and 9% interest rate.

Definitions

Eligibility Service

Eligibility service is defined as the time period beginning on the participation date and ending on the severance date.

Credited Service

Credited service is (i) service after December 31, 1986 during which the employee was actually employed at the Lafarge terminal in Buffalo, New York or Detroit, Michigan and (ii) service after December 31, 1986 and prior to January 1, 2010 during which the employee was actually employed at the Lafarge terminal in Waukegan, Illinois.

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Marblehead employees including those formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Marblehead Stone)

|                               |                                                                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.                                                                                              |
| Eligibility for Participation | All hourly compensated employees at the Marblehead, Ohio Plant covered by a collective bargaining agreement between Lafarge and the Union and first completed an hour of service prior to August 1, 2015. |
| Normal Retirement Eligibility | Age 65 and 5 years of participation                                                                                                                                                                       |
| Benefit                       | A monthly benefit is equal to the following benefit schedule multiplied by credited service:                                                                                                              |

| <u>Effective Date</u> | <u>Multiplier</u> |
|-----------------------|-------------------|
| 01/01/2002            | \$18.00           |
| 05/16/2002            | \$23.00           |
| 05/16/2003            | \$24.00           |
| 05/16/2004            | \$25.00           |
| 05/16/2005            | \$26.00           |
| 05/16/2006            | \$27.50           |
| 05/16/2007            | \$29.00           |
| 05/16/2008            | \$30.00           |
| 05/16/2009            | \$31.00           |
| 05/16/2010            | \$34.00           |
| 05/16/2011            | \$36.00           |
| 05/16/2012            | \$37.00           |
| 05/16/2013            | \$38.00           |
| 05/16/2014            | \$39.00           |
| 05/16/2015            | \$40.00           |
| 05/16/2016            | \$41.00           |
| 03/01/2018            | \$43.00           |

Benefit accruals were frozen effective February 28, 2018.

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Early Retirement  
Eligibility

Age 60 with 10 years of eligibility service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced for early commencement as follows:

| <u>Age at Retirement</u> | <u>Early Retirement Factor</u> |
|--------------------------|--------------------------------|
| 60                       | 67.18%                         |
| 61                       | 72.36%                         |
| 62                       | 78.14%                         |
| 63                       | 84.60%                         |
| 64                       | 91.84%                         |

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. Actuarial equivalence will be based on UP-1984 Mortality Table and 7% interest rate.

Vested Termination  
Eligibility

Five years of eligibility service.

Benefit

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

Disability  
Eligibility

Totally and permanently disabled with 5 years of credited service.

Benefit

The monthly disability benefit is equal to the disability factor multiplied by the credited service.

If the participant retires on or after May 16, 1987 and before May 16, 2006, the disability factor is \$11.00.

If the participant retires on or after May 16, 2006 with 10 or more years of credited service, the disability factor is equal to the retirement multiplier.

If the participant retires on or after May 16, 2006 with less than 10 years of credited service, the disability factor is equal to the retirement multiplier less \$5.

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Surviving Spouse  
Eligibility

Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefit

The surviving spouse will receive a monthly benefit equal to 50% of the accrued monthly benefit that would have been payable to the participant at age 65.

If the payment begins prior to participant's 65<sup>th</sup> birthday, the benefit will be reduced using the reduction factors as follows:

| <b>Age at Retirement</b> | <b>Reduction Factor</b> |
|--------------------------|-------------------------|
| 55                       | 44.69%                  |
| 56                       | 48.30%                  |
| 57                       | 52.29%                  |
| 58                       | 56.72%                  |
| 59                       | 61.66%                  |
| 60                       | 67.18%                  |
| 61                       | 72.36%                  |
| 62                       | 78.14%                  |
| 63                       | 84.60%                  |
| 64                       | 91.84%                  |
| 65                       | 100.00%                 |

Normal Form of Annuity  
Without Spouse

Single life annuity.

With Spouse

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

Optional Forms of Annuity

Single life annuity  
75% joint and survivor annuity  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.

Actuarial Equivalence

1971 Group Annuity Mortality Table with no age set back and 5% interest rate.

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Definitions

Eligibility Service

One year of eligibility service is earned if the employee works 1,000 or more hours in one plan year. The employee does not earn a year of eligibility service if the employee has less than 1,000 hours of service in a calendar year. However, if an employee completes less than 1,000 hours of service in his first or last calendar year of employment after May 15, 1976, he will earn 1/12th of year of eligibility service for each full month of employment in which he complete at least 83-1/3 hours of service.

Credited Service

Credited service equals eligibility service.

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Grove employees including those formerly participating in the Lafarge North America Inc. Pension Plan for Hourly Compensated Employees (Grove)

Effective Date April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation An employee who is employed on a full-time basis at the Rockville, Maryland or Frederick, Maryland RM location, and who is a member of the Bargaining Unit represented by the Union and completes one hour of service.

Normal Retirement Eligibility Age 65.

Benefit A monthly is equal to the following benefit schedule multiplied by credited service:

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 10/01/2002            | \$24.40           |
| 10/01/2003            | \$25.15           |
| 10/01/2004            | \$25.65           |
| 10/01/2005            | \$26.15           |
| 10/01/2006            | \$27.25           |
| 10/01/2007            | \$28.25           |
| 10/01/2008            | \$29.20           |
| 10/01/2009            | \$30.05           |
| 10/01/2010            | \$31.05           |
| 10/01/2011            | \$32.05           |
| 10/01/2012            | \$33.05           |
| 10/01/2013            | \$34.05           |
| 10/01/2015            | \$35.05           |
| 10/01/2016            | \$36.05           |
| 10/01/2017            | \$37.05           |

Benefit accruals were frozen effective December 31, 2017.

Early Retirement Eligibility Age 60 with 5 years of eligibility service.

Benefit A monthly benefit equal to the normal retirement benefit reduced by 0.5% for each month the early retirement precedes age 65.

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|                           |                                                                                                                                                                                                                                                                                |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Late Retirement           |                                                                                                                                                                                                                                                                                |
| Eligibility               | Retirement after normal retirement age.                                                                                                                                                                                                                                        |
| Benefit                   | The accrued benefit as of the late retirement date.                                                                                                                                                                                                                            |
| Vested Termination        |                                                                                                                                                                                                                                                                                |
| Eligibility               | Five years of eligibility service.                                                                                                                                                                                                                                             |
| Benefit                   | The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.                                                                                |
| Disability                |                                                                                                                                                                                                                                                                                |
| Eligibility               | Totally and permanently disabled with 5 years of eligibility service.                                                                                                                                                                                                          |
| Benefit                   | The monthly disability benefit is equal to the normal retirement benefit calculated using credited service at the date of disability. The minimum monthly disability benefit is \$300.                                                                                         |
| Surviving Spouse          |                                                                                                                                                                                                                                                                                |
| Eligibility               | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                                            |
| Benefit                   | A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.                                                           |
| Normal Form of Annuity    |                                                                                                                                                                                                                                                                                |
| Without Spouse            | 3 year certain and life annuity.                                                                                                                                                                                                                                               |
| With Spouse               | 50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.                   |
| Optional Forms of Annuity | 3 years certain and life annuity<br>75% joint and survivor annuity<br>100% joint and survivor annuity<br>Lump sum if completed an hour of service prior to January 1, 2003.<br>An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000. |

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Actuarial Equivalence

UP-1984 Mortality Table and 9% interest rate.

Definitions

Eligibility Service

Eligibility service is the period of employment from the date of participation until the date of determination.

Credited Service

Credited service is equal to eligibility service rounded to the nearest quarter.

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Ravena employees including those formerly participating in the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Ravena)

**Effective Date** April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

**Eligibility for Participation** An hourly compensated employee at the Ravena, New York facility who is a member of the Bargaining Unit represented by the Union and completes an hour of service prior to January 1, 2015.

**Normal Retirement Eligibility** Age 65.

**Benefit** A monthly is equal to the following benefit schedule multiplied by credited service:

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2002            | \$29.50           |
| 07/01/2002            | \$30.50           |
| 07/01/2003            | \$31.50           |
| 07/01/2004            | \$33.50           |
| 07/01/2005            | \$35.50           |
| 07/01/2006            | \$36.50           |
| 07/01/2007            | \$37.50           |
| 07/01/2008            | \$39.00           |
| 07/01/2009            | \$40.00           |
| 07/01/2010            | \$41.50           |
| 07/01/2011            | \$42.50           |
| 07/01/2012            | \$43.50           |
| 07/01/2013            | \$44.50           |
| 07/01/2014            | \$45.00           |
| 07/01/2015            | \$45.50           |
| 07/01/2016            | \$47.50           |
| 07/01/2017            | \$48.50           |
| 07/01/2018            | \$49.50           |

Benefit accruals were frozen effective December 31, 2018.

**Early Retirement Eligibility** Age 55 with 5 years of credited service or 30 years of credited service.

**Benefit** A monthly benefit equal to the normal retirement benefit reduced by 0.3% for each month the early retirement

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precedes age 65.

Employees with 30 years of credited service are eligible for an unreduced normal retirement benefit.

Late Retirement  
Eligibility

Retirement after normal retirement age.

Benefit

The accrued benefit as of the late retirement date.

Plant Shutdown Benefit  
Eligibility

10 years of credited service and age plus credited service equal to 65 or more.

Benefit

A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date.

Vested Termination  
Eligibility

Five years of eligibility service.

Benefit

The accrued benefit at the date of termination. If the payment begins before normal retirement date, the benefit will be reduced 0.5% for each month up to 60 months, and 1/3 of 1% for each additional month by which the pension commencement date precedes normal retirement date.

Disability  
Eligibility

Totally and permanently disabled with 5 years of credited service.

Benefit

The monthly disability benefit is equal to the normal retirement benefit calculated using credited service at the date of disability. The minimum monthly disability benefit is \$650.

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Surviving Spouse  
Eligibility

Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefit

For employees who die after becoming eligible for early retirement, a monthly benefit payable to the surviving spouse beginning immediately equal to 66 2/3% of the amount payable if the participant had retired early with a 66 2/3% joint and survivor benefit. A minimum benefit of \$75 per month until the surviving spouse's 62<sup>nd</sup> birthday applies.

For employees who die after becoming eligible for a deferred vested benefit, but before becoming eligible for early retirement, 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.

Optional Forms of Annuity

Single life annuity  
66 2/3% joint and survivor annuity  
75% joint and survivor annuity  
100% joint and survivor annuity.

An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.

Actuarial Equivalence

UP-1994 Mortality Table (a blend of 50% male/50% female rates for both participants and beneficiaries) and 6.5% interest rate.

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Definitions

Eligibility Service

One year of eligibility service is earned if the employee works 1,000 or more hours in one plan year. If the employee has less than 1,000 hours during any calendar year, he will not earn eligibility service that year.

Credited Service

One year of credited service is earned if the employee works 1,000 or more hours in one plan year. If the employee has less than 1,200 hours during any calendar year, he will earn a month of service for each 100 compensated hours.

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Newcem employees including those formerly participating in the Lafarge North America Inc. Pension Plan for Blue Circle Heritage Hourly Compensated Employees (Newcem)

Effective Date April 1, 1950. Amended and restated effective January 1, 2017. The latest amendment dated December 23, 2020.

Eligibility for Participation An hourly compensated employee at Sparrows Point, Maryland facility owned by Lafarge Building Materials Inc., and who is a member of the Bargaining Unit represented by the Union and completed an hour of service prior to January 1, 2016.

Normal Retirement  
Eligibility

Age 65.

Benefit

A monthly is equal to the following benefit schedule multiplied by credited service:

| <b>Effective Date</b> | <b>Multiplier</b> |
|-----------------------|-------------------|
| 01/01/2002            | \$24.00           |
| 09/01/2003            | \$26.00           |
| 09/01/2004            | \$27.00           |
| 09/01/2005            | \$28.00           |
| 09/01/2006            | \$30.00           |
| 09/01/2007            | \$31.50           |
| 09/01/2008            | \$33.00           |
| 09/01/2009            | \$34.50           |
| 09/01/2010            | \$36.00           |
| 09/01/2011            | \$37.00           |
| 09/01/2012            | \$38.50           |
| 09/01/2013            | \$40.00           |
| 09/01/2014            | \$41.50           |
| 09/01/2015            | \$43.00           |
| 09/01/2016            | \$44.50           |
| 09/01/2017            | \$45.50           |

Benefit accruals were frozen effective December 31, 2017.

Early Retirement  
Eligibility

Age 60 with 5 years of eligibility service

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 0.5% for each month the early retirement precedes age 65.

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|                                          |                                                                                                                                                                                                                                                              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Late Retirement<br>Eligibility           | Retirement after normal retirement age.                                                                                                                                                                                                                      |
| Benefit                                  | The accrued benefit as of the late retirement date.                                                                                                                                                                                                          |
| Plant Shutdown Benefit<br>Eligibility    | 10 years of credited service and age plus credited service equal to 65 or more.                                                                                                                                                                              |
| Benefit                                  | A monthly benefit determined by multiplying the credited service at date of termination by the benefit factor in effect as of that date.                                                                                                                     |
| Vested Termination<br>Eligibility        | Five years of eligibility service.                                                                                                                                                                                                                           |
| Benefit                                  | The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.                                                              |
| Disability<br>Eligibility                | Totally and permanently disabled with 5 years of eligibility service.                                                                                                                                                                                        |
| Benefit                                  | The monthly disability benefit is equal to the normal retirement benefit calculated using credited service at the date of disability.                                                                                                                        |
| Surviving Spouse<br>Eligibility          | Death prior to actual retirement and eligible for early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                                                                                          |
| Benefit                                  | A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.                                         |
| Normal Form of Annuity<br>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. |

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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  
75% joint and survivor annuity  
An automatic lump sum payment is made if the present value of benefits does not exceed \$5,000.

Actuarial Equivalence

UP-1994 Mortality Table (a blend of 50% male/50% female rates for both participants and beneficiaries) and 6.5% interest rate.

Definitions

Eligibility Service

Eligibility service is the period of employment from the date of participation until the severance date.

Credited Service

Credited service is equal to eligibility service.

Plan Changes Since the Prior Year

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

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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.