

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: ST. MARYS CEMENT INC. (U.S.) PENSION PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): ST. MARYS CEMENT U.S. LLC
2b Employer Identification Number (EIN): 38-3611299
2c Sponsor's telephone number: 708-563-5828
2d Business code (see instructions): 327300
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 53
5b Total number of participants at the end of the plan year: 50
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 13
5d(2) Total number of active participants at the end of the plan year: 13
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/07/2025, DAVID MASHEK. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562964. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	3515103	3766440
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3515103	3766440
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>		
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	526644	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		526644
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	270917	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>	4390	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		275307
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		251337
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 11
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		500000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the 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>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. .... Month Day Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>ST. MARYS CEMENT INC. (U.S.) PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ST. MARYS CEMENT U.S. LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3611299</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>3515103</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>3538942</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>19</u>	<u>1575427</u>
	<b>b</b> For terminated vested participants .....	<u>21</u>	<u>781388</u>
	<b>c</b> For active participants .....	<u>13</u>	<u>1014083</u>
	<b>d</b> Total .....	<u>53</u>	<u>3370898</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>5.17 %</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>5000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>5000</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>			
	Signature of actuary	<u>09/18/2025</u>	Date
	<u>MOSHE KATZ</u>	<u>23-08605</u>	Most recent enrollment number
	Type or print name of actuary	<u>212-345-4541</u>	Telephone number (including area code)
	<u>MERCER</u>		
	Firm name		
	<u>1166 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036</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) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.21</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		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>5.31</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<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 .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.43 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.43 %
<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>	105.83 %
<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 (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<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 .....	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" 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 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
(4) 4th		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 5000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 5000
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			



**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2024**

<b>Discount rate sponsor elections</b>		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Non-stabilized & PBGC
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
<b>Mortality sponsor elections</b>		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuation, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Not applicable	
• Post-1994 disabilities	Same as healthy participants.	
• 417(e) lump sums	Not applicable	
• Non-417(e) lump sums	Not applicable	
<b>Other economic assumptions</b>		
• Salary increases	Not applicable	
• Social Security wage base	Not applicable	
• Inflation	Not applicable	
• Expected investment return	4.50% per year for 2022, 5.50% per year for 2023 and 5.50% per year for 2024	
• Expenses	\$5,000	

**Rationale for economic assumptions**

- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s current asset mix, net of investment expenses assumed to be paid from plan assets.
- Expenses – Prior year actual expenses adjusted for expected variation.

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

Demographic assumptions																					
• Withdrawal	80% of 2003 SOA Pension Plan Termination Study: The basic age table. See table of sample rates.																				
• Disability incidence	Not applicable																				
• Retirement age	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Attained age</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Under 55</td> <td>0%</td> </tr> <tr> <td>55</td> <td>4%</td> </tr> <tr> <td>56-61</td> <td>3%</td> </tr> <tr> <td>62</td> <td>10%</td> </tr> <tr> <td>63-64</td> <td>7%</td> </tr> <tr> <td>65</td> <td>50%</td> </tr> <tr> <td>66-70</td> <td>20%</td> </tr> <tr> <td>71</td> <td>100%</td> </tr> </tbody> </table>			Attained age	Percentage	Under 55	0%	55	4%	56-61	3%	62	10%	63-64	7%	65	50%	66-70	20%	71	100%
Attained age	Percentage																				
Under 55	0%																				
55	4%																				
56-61	3%																				
62	10%																				
63-64	7%																				
65	50%																				
66-70	20%																				
71	100%																				
• Benefit commencement age for																					
– Future vested deferred	65																				
– Current vested deferred	65																				
• Spouse assumptions	<b>Male participants</b>	<b>Female participants</b>																			
– Percentage married	80%	80%																			
– Spouse age difference	3 years younger	3 years older																			
<b>Form of payment</b>	<b>Single life</b>	<b>50% J&amp;S</b>	<b>75% J&amp;S</b>																		
• Active retirements	100%	0%	0%																		
• Future vested deferred	100%	0%	0%																		
• Future deaths – if not retirement eligible at death	0%	100%	0%																		
• Future deaths – if retirement eligible at death	0%	0%	100%																		
• Current vested deferred	100%	0%	0%																		
<b>Unpredictable contingent event assumptions</b>	Not applicable																				
<b>At-risk assumptions</b>	Not applicable																				

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

## Table of sample rates

Attained age	Withdrawal Percentage
25	14.8%
30	9.8%
35	7.0%
40	5.6%
45	5.0%
50	4.5%
55	2.3%

**Rationale for demographic assumptions**

- **Withdrawal** – The withdrawal table is based on the Society of Actuaries 2003 age only table. The 80% adjustment was selected based on review of historical retiree medical plan experience (pension plan active population is a subset of the retiree medical plan active population) from 2015 through 2019 and discussions with employer representatives.
- **Retirement age** – Because the employer does not have enough credible experience to analyze retirement rates, the assumptions regarding retirement are based on the actuary's experience with many plans and discussions with employer representatives.
- **Benefit commencement age** – We have assumed that deferred vested participants will retire at the age that they are typically eligible for unreduced benefits from the plan.
- **Spouse assumptions** – The assumptions regarding percent married and spouse age difference at benefit commencement are based on our experience with many plans and discussions with employer representatives.

**Actuarial methods****Asset methods – Effective January 1, 2008**

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

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

- **Participants included:** The plan sponsor provides us with data on all eligible employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for deferred vested participants

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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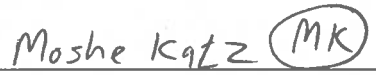
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 ST. MARYS CEMENT INC. (U.S.) PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ST. MARYS CEMENT U.S. LLC	<b>D</b> Employer Identification Number (EIN) 38-3611299	
<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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	3,515,103	
<b>b</b> Actuarial value .....	<b>2b</b>	3,538,942	
<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 .....	19	1,575,427	1,575,427
<b>b</b> For terminated vested participants .....	21	781,388	781,388
<b>c</b> For active participants .....	13	1,014,083	1,031,988
<b>d</b> Total .....	53	3,370,898	3,388,803
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.17%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	5,000	
<b>c</b> Target normal cost .....	<b>6c</b>	5,000	

**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>	 Signature of actuary	<u>9/18/25</u> Date
	MOSHE KATZ Type or print name of actuary	2308605 Most recent enrollment number
	MERCER Firm name	212-345-4541 Telephone number (including area code)
	1166 Avenue of the Americas New York NY 10036 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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		<b>21b</b>	4
22 Weighted average retirement age .....		<b>22</b>	64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
28 Unpaid minimum required contributions for all prior years .....		<b>28</b>	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		<b>29</b>	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....		<b>30</b>	0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		<b>31a</b>	5,000
b Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	5,000
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 .....		<b>33</b>	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement .....			0
36 Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		<b>38a</b>	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>39</b>	0
40 Unpaid minimum required contributions for all years .....		<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.0%	10,000	400	22,000
56	3.0%	9,600	288	16,128
57	3.0%	9,312	279	15,924
58	3.0%	9,033	271	15,717
59	3.0%	8,762	263	15,508
60	3.0%	8,499	255	15,298
61	3.0%	8,244	247	15,086
62	10.0%	7,997	800	49,578
63	7.0%	7,197	504	31,738
64	7.0%	6,693	469	29,985
65	50.0%	6,225	3,112	202,299
66	20.0%	3,112	622	41,082
67	20.0%	2,490	498	33,364
68	20.0%	1,992	398	27,089
69	20.0%	1,593	319	21,990
70	20.0%	1,275	255	17,847
71	100.0%	1,020	1,020	72,408
Total			10,000	643,042
Average				64

**Schedule SB, Part V — Summary of Plan Provisions**

**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 2002 Restated plan: January 1, 2009 Plan year: The 12-consecutive-month period beginning on January 1 and ending on the following December 31
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Status of the plan	The plan was frozen as of December 31, 2009
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Significant events that occurred during the year	None
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**Definitions**

<ul style="list-style-type: none"> <li>Covered employees</li> </ul>	Employees of St. Marys Cement U.S. LLC who are paid on a salaried basis and are not members of a collective bargaining unit; hired on or before March 31, 2005; also included are three participants added per Amendment 2009-1.
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<ul style="list-style-type: none"> <li>Participation</li> </ul>	Each employee who was a participant on March 31, 2005 will remain a participant. For the period prior to April 1, 2005, each other employee will become a participant on their date of employment.
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Employees of the Plan Sponsor are eligible to participate in the Plan, except as follows:

- a) Any Employee who is not a citizen of the United States of America may elect to waive participation in the Plan
- b) Any Employee who is treated as the common-law employee of a leasing organization, including a Leased Employee, is ineligible to participate in the Plan
- c) Any person who is an independent contractor for purposes of income tax withholding by Employer is ineligible to participate in the Plan
- d) Any Employee whose Date of Employment was on or after April 1, 2005 is ineligible to participate in the Plan, unless the Employee's Date of Employment was on or before December 31, 2009, and the Employee was employed at Corporate VCNA, Inc. – Florida location in a Manager, Aggregate Resource Department or Legal Department position, or at the Badger Plan in a position not subject to collective bargaining shall become participants on January 1, 2009

Any Employee whose Date of Employment is prior to April 1, 2005 who elected to participate in the Defined Contribution Pension Plan of St. Marys Cement, Inc. (U.S.) is ineligible to participate in the Plan after December 31, 2005.

<ul style="list-style-type: none"> <li>Average monthly compensation</li> </ul>	The monthly average of the participant's compensation during the five highest paid consecutive plan years, including plan years prior to the effective date of the plan, during the ten plan years immediately preceding his severance from employment.  For participants with less than five consecutive plan years, the Average Monthly Compensation means the monthly average of the participants compensation over the actual months worked.
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<ul style="list-style-type: none"> <li>Vesting service</li> </ul>	Includes all years of employment with Plan Sponsor or a Related Employer, including service in a job classification that is not Covered Employment, shall be counted in determining Vesting Service.
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**Schedule SB, Part V — Summary of Plan Provisions**

	A participant shall receive credit for one year of vested service for each Plan Year (including Plan Years prior to the effective date of the Plan) in which the participant has at least 1,000 Hours of Service (including for this purpose, service with Blue Circle, Inc. for Participants who became Employees on August 1, 2001.) No vested service is awarded for years where the participant has less than 1,000 Hours of Service. Service before the date on which the participant turns 18 is excluded.
• Benefit service	<p>The total number of full years and fractional years (where periods of less than 12 months are aggregated at the rate of one month for each 30 days) of his period of employment, but excluding any service period prior to his 21st birthday.</p> <p>No benefit service shall be granted for periods before August 1, 2001 for Blue Circle, Inc. Participants.</p> <p>When calculating the accrued benefit, fractional periods are rounded up to the next 1/12 of a year and benefit service shall not exceed 40 years (whether before or after the effective date of this plan) and no service shall be granted for benefit accrual after December 31, 2009.</p>
• Accrued benefit	Normal retirement benefit using average monthly compensation and benefit service at date of determination
<b>Normal retirement</b>	
• Eligibility	Age 65
• Benefit	1.33% of Average Monthly Compensation multiplied by Years of Benefit Service (not to exceed 40 years)
<b>Early retirement</b>	
• Eligibility	Attainment of age 55 and 5 years of vesting service
• Benefit	Accrued normal retirement benefit, reduced by .3333% for each completed month early retirement precedes the normal retirement date
<b>Late retirement</b>	
• Eligibility	Retirement after age 65
• Benefit	<p>The greater of (a) or (b):</p> <p>a) The participant's accrued benefit with average monthly compensation and years of benefit service determined as of the late retirement date;</p> <p>b) The participant's normal retirement benefit actuarially increased from his normal retirement date to his late retirement date</p>
<b>Deferred vested</b>	
• Eligibility	5 years of vesting service
• Benefit	Same as normal retirement benefit and early retirement benefit. If benefits commence prior to age 55, the benefit is further reduced actuarially from age 55 to date of commencement.
<b>Pre-retirement death</b>	
• Eligibility	Death after becoming eligible for a non-forfeitable benefit
• Benefit prior to early retirement	If a participant dies after attaining 5 years of vesting service but prior to eligibility for normal or early retirement, a benefit is payable to the surviving spouse equal to 50% of the amount that would have been paid had the

**Schedule SB, Part V — Summary of Plan Provisions**

	employee terminated employment immediately prior to death, survived to the earliest commencement date, and retired with a joint and 50% survivor benefit.
<ul style="list-style-type: none"> <li>Benefit after early or normal retirement</li> </ul>	<p>If an active participant dies after attaining age 55 with 5 years of benefit service or after attaining age 65, a benefit is payable to the surviving spouse equal to 75% of the amount that would have been paid had the employee terminated employment immediately prior to death, survived to the earliest commencement date, and retired with a joint and 75% survivor benefit.</p> <p>If a vested participant who terminates prior to age 55, but dies after attaining age 55 with 5 years of benefit service or after attaining age 65, a benefit is payable to the surviving spouse equal to 50% of the amount that would have been paid had the employee terminated employment immediately prior to death, survived to the earliest commencement date, and retired with a joint and 50% survivor benefit.</p>
<b>Unpredictable contingent event benefits</b>	Not applicable
<b>Form of benefits</b>	
<ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul>	Single Life Only
<ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>	50% Joint and Survivor
<ul style="list-style-type: none"> <li>Optional forms</li> </ul>	66 2/3%, 75%, and 100% Joint and Survivor, 60-month, 120-month, or 180-month Period certain and life, level income option and lump sum
<ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul>	417(e) assumptions (November rates in prior year) for lump sums; Optional forms of benefit other than the lump sum are calculated using the RP-2000 Combined Healthy Participant Mortality Table weighted 50% male and 50% female, and an interest rate of 7.5%.
<b>Miscellaneous</b>	
<ul style="list-style-type: none"> <li>Maximum compensation</li> </ul>	Not applicable since the plan is frozen
<ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000. However, there are no participants with benefits limited by IRC Section 415.

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan are included in this valuation:

- Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation. Amendment 2020-1 is the latest amendment included because it was adopted by the valuation date and is effective by the end of the plan year.

**Schedule SB, Part V — Summary of Plan Provisions****• Late retirement increases:**

- *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement or are assumed to defer retirement beyond their normal retirement date and this valuation includes those increases.
- *Deferred vested participants:* The plan requires deferred vested participants to commence benefits by their normal retirement age; However, for valuation purposes, current deferred vested participants over normal retirement age are valued including late retirement actuarial increases.

**• Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.**• IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.**• IRC Section 436 benefit restrictions:**

- *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* N/A – The plan is frozen and participants are no longer accruing benefits.

**• Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits**Plan provision changes since prior valuation**

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024. However, the compensation limits are not applicable since the plan is frozen, and there are no participants with benefits limited by IRC Section 415.