

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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: VULCAN MATERIALS COMPANY PENSION PLAN
1b Three-digit plan number (PN): 010
1c Effective date of plan: 10/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): LEGACY VULCAN LLC, VULCAN MATERIALS COMPANY
2b Employer Identification Number (EIN): 20-8579133
2c Plan Sponsor's telephone number: 205-298-3833
2d Business code (see instructions): 212310

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <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                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 3366 |
| <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><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><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><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</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>                               | 740  |
|   | <b>6a(2)</b>                               | 697  |
|   | <b>6b</b>                                  | 1575 |
|   | <b>6c</b>                                  | 599  |
|   | <b>6d</b>                                  | 2871 |
|   | <b>6e</b>                                  | 432  |
|   | <b>6f</b>                                  | 3303 |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <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>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

**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)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)               |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)    |
|  | (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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<br><u>VULCAN MATERIALS COMPANY PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>010</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>LEGACY VULCAN LLC</u>                                      | <b>D</b> Employer Identification Number (EIN)<br><u>20-8579133</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>2024</u>  |                            |                           |
| <b>2</b>      | Assets:   |                            |                           |
|               | <b>a</b> Market value .....   | <b>2a</b>                  | <u>507585545</u>          |
|               | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>498941278</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>1947</u>                | <u>342165927</u>          |
|               | <b>b</b> For terminated vested participants .....   | <u>679</u>                 | <u>47911282</u>           |
|               | <b>c</b> For active participants .....  | <u>740</u>                 | <u>99296566</u>           |
|               | <b>d</b> Total .....  | <u>3366</u>                | <u>489373775</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>5.13 %</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>820000</u>             |
|               | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>820000</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>09/26/2025</u>                      |
|                  | <u>CHERYL L. DAVIS</u>            | Date                                   |
|                  | Type or print name of actuary     | <u>23-04707</u>                        |
|                  | <u>AON CONSULTING, INC.</u>       | Most recent enrollment number          |
|                  | Firm name                         | <u>847-295-5000</u>                    |
|                  | <u>MSC# 17755 P.O. BOX 551343</u> | Telephone number (including area code) |
|                  | <u>ATLANTA, GA 30355</u>          |  |
|                  | Address of the firm               |  |

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

| <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) .....   | 0                     | 0                      |
| <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>8.42</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>5.06</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 .....  | 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> | 101.38 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 101.38 % |
| <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> | 108.75 % |
| <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 .....                                | <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 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:<br>%                              | 2nd segment:<br>%   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |   | <b>21b</b>   |
| <b>22</b> Weighted average retirement age .....                                   |  |   | <b>22</b> 62   |
| <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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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> 820000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 820000 |
| <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                   | 0                  | 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> 0      |
| <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 type="checkbox"/> 2021 |  |  |  |

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>VULCAN MATERIALS COMPANY PENSION PLAN</b>                     | <b>B</b> Three-digit plan number (PN) ▶                            | <b>010</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LEGACY VULCAN LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-8579133</b> |            |

**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

**(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

---

---

**(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

---

---

---

**(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

---

---

---

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

---

---

---

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

---

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

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

AON CONSULTING

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 50 15 16            | ACTUARY   | 551463   | 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)<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? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input 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)<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? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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: DELOITTE  | <b>b</b> EIN: 13-3891517         |
| <b>c</b> Position: AUDITOR                                     |                                  |
| <b>d</b> Address: 420 20TH ST. N #2400<br>BIRMINGHAM, AL 35203 | <b>e</b> Telephone: 251-234-1235 |

Explanation: CHANGED ACCOUNTING FIRM DUE TO COST SAVINGS

|                    |                     |
|--------------------|---------------------|
| <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>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>VULCAN MATERIALS COMPANY PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN)                              | <u>010</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>LEGACY VULCAN LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-8579133</u> |            |

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

|   |                                      |   |                  |
|---|--------------------------------------|---|------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>VULCAN MATERIALS MASTER TRUST</u> |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>VULCAN MATERIALS COMPANY</u>      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
| <u>20-8579133-900</u>                             | <u>M</u>                             |   | <u>471253992</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                      |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): |                                      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
|   |                                      |   |                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                      |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): |                                      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
|   |                                      |   |                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                      |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): |                                      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
|   |                                      |   |                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                      |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): |                                      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
|   |                                      |   |                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                      |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): |                                      |   |                  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                 | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                  |
|   |                                      |   |                  |





|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>VULCAN MATERIALS COMPANY PENSION PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>010</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LEGACY VULCAN LLC</b>                | <b>D</b> Employer Identification Number (EIN)<br><b>20-8579133</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <b>Assets</b>  |                       |                 |
| <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>         | 471253992       |
| <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>    | 507585545             | 471253992       |
| <b>Liabilities</b>   |              |                       |                 |
| <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               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 507585545             | 471253992       |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a 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 Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <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         |
| <b>(2) Dividends:</b>  |                 |            |           |
| <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>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <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> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <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> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 368749    |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 368749    |

**Expenses**

|  |               |          |          |
|--|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 35772370 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |          |          |
| (3) Other.....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |          | 35772370 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense.....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:  |               |          |          |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....   | <b>2i(7)</b>  | 551463   |          |
| (8) Legal fees .....   | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |          |          |
| (11) Other expenses.....   | <b>2i(11)</b> | 376469   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |          | 927932   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |          | 36700302 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -36331553 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan.....   | <b>2l(1)</b> |  |           |
| (2) From this plan .....  | <b>2l(2)</b> |  |           |

**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: **WARREN AVERETT**

(2) EIN: **45-4084437**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount   |
|--|-----|----|----------|
| <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.)                 |     | X  |          |
| <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.) |     | 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.)   |     | 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.)  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 15000000 |
| <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>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?   |     | 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?   |     | 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.)   |     | 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.)   |     | 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>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |          |
| <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.  |     |    |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559090.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>VULCAN MATERIALS COMPANY PENSION PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶                            | <u>010</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LEGACY VULCAN LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-8579133</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |   |
|---|---|
| 1 | 0 |
|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 20-8579133

**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 | 8 |
|---|---|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

**13** Enter the following information for each employer that (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): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <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> |  |

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

|   |            |  |
|---|------------|--|
| <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> |  |

**16** 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> |  |

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 0.0 % Private Equity: 0.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 94.8 %  
 High-Yield Debt: 2.5 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.1 % Other: 0.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** 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

**21b** 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

**22** 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 \_\_\_\_\_.

**VULCAN MATERIALS COMPANY PENSION PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**VULCAN MATERIALS COMPANY PENSION PLAN  
TABLE OF CONTENTS  
DECEMBER 31, 2024 AND 2023**

---

|  |   |
|--|---|
| <b>INDEPENDENT AUDITORS' REPORT</b>                                | 1 |
| <b>FINANCIAL STATEMENTS</b>  |   |
| Statements of Net Assets Available for Pension Benefits            | 4 |
| Statements of Changes in Net Assets Available for Pension Benefits | 5 |
| Notes to the Financial Statements                                  | 6 |

## INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
Vulcan Materials Company Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements**

We have performed the audit of the accompanying financial statements of Vulcan Materials Company Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for pension benefits as of December 31, 2024, and the related statement of changes in net assets available for pension benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion on the 2024 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section—

- the amounts and disclosures in the 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the 2024 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of these 2024 financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the 2024 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditors' Responsibilities for the Audit of the 2024 Financial Statements**

Except as described in the 2024 Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance; and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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 audit.

**Auditors' Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to the assets held for investments of the Plan that were certified by a qualified institution. Their report dated September 26, 2024, indicated that: (1) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with GAAP, and (2) the information in the 2023 financial statements related to the 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).

*Warren Averett, LLC*

Atlanta, Georgia  
October 3, 2025

**VULCAN MATERIALS COMPANY PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS  
DECEMBER 31, 2024 AND 2023**

| <i>In thousands</i>   | <b>2024</b>       | <b>2023</b>       |
|---|-------------------|-------------------|
| <b>ASSETS</b>   |                   |                   |
| Interest in Vulcan Materials Company Retirement Pension Trust | \$ 471,254        | \$ 507,585        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                      | <b>\$ 471,254</b> | <b>\$ 507,585</b> |

See notes to the financial statements.

**VULCAN MATERIALS COMPANY PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

| <i>In thousands</i>                              | <b>2024</b>       | <b>2023</b>       |
|--|-------------------|-------------------|
| <b>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS</b> |                   |                   |
| Investment income from interest in Vulcan        |                   |                   |
| Materials Company Retirement Pension Trust       | \$ 369            | \$ 42,271         |
| Benefits paid to participants                    | (35,772)          | (34,821)          |
| Administrative expenses                          | (928)             | (2,456)           |
| <b>(DECREASE) INCREASE IN NET ASSETS</b>         | <b>(36,331)</b>   | <b>4,994</b>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS AT</b>      |                   |                   |
| <b>BEGINNING OF YEAR</b>                         | <b>507,585</b>    | <b>502,591</b>    |
| <b>END OF YEAR</b>                               | <b>\$ 471,254</b> | <b>\$ 507,585</b> |

See notes to the financial statements.

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

## **1. DESCRIPTION OF THE PLAN**

The following brief description of the Vulcan Materials Company Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

### **General**

The Plan, a defined benefit plan, covers any hourly paid employee who attained age 21 and completed one year of service in the former Chemicals Division of Vulcan Materials Company or who was covered by certain collective bargaining agreements. The Plan also covers salaried employees hired prior to July 15, 2007, who had attained age 21 and had completed one year of service with Vulcan Materials Company (the Company). Salaried employees hired on or after July 15, 2007, are eligible for participation in the Vulcan 401k Plan.

There were no transfers to or from other Vulcan Materials Company pension plans for the years ended December 31, 2024 or 2023.

The Plan is administered by an administrative committee appointed by the Chief Executive Officer of the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### **Plan Benefits**

The Plan has been closed to new participants since 2007 and benefit accruals, based on salaries or wages and years of service, ceased in 2005 for hourly participants and 2013 for salaried participants. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement (between ages 55 and 65), deferred retirement (subsequent to age 65), and disability benefits. Benefits are also available to a participant's eligible beneficiary upon the participant's death. Benefits are calculated based upon the provisions of the Plan in effect on the date of the participant's retirement. Benefits are payable in the form of a joint and survivor annuity, a single-life annuity or other optional forms.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **Valuation of Investments and Income Recognition**

The Plan's investments in the Vulcan Materials Company Retirement Pension Trust (Master Trust) established by the Company and administered by The Northern Trust Company (Trustee) have been determined based on the fair values and net asset values (NAV) of the underlying investments of the Master Trust, as described in Note 4.

Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in securities traded on national and over-the-counter exchanges are valued at the

**VULCAN MATERIALS COMPANY PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

---

closing bid price of the security as of the last trading day of the year. Investments in common/collective trust funds are stated at NAV as determined by the issuer of the funds based on the underlying investments.

Security transactions are recorded on the trade date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains (losses) on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Expenses incurred in connection with the transfer of securities, such as brokerage commissions and transfer taxes, are added to the cost of such securities or deducted from the proceeds thereof.

**Use of Estimates, Risks and Uncertainties**

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Master Trust invests in various securities including corporate debt investments, government securities, other investments, interests in common/collective trusts, and private partnership investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that the values of investment securities could decline in the near term and that such declines could materially affect the amounts reported in the Plan's financial statements. Given volatility in financial markets, it is reasonably possible that investment values could decline in subsequent periods.

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

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Trust eligible expenses, including investment manager fees and operating expenses, are paid by the Plan. The Company provides accounting and other administrative services to the Plan at no charge.

**3. INTEREST IN MASTER TRUST**

The Plan's investment assets are held in a master trust account managed by the Trustee. Use of the Master Trust permits the common investment of assets in the Company's two defined benefit plans. Net investment income, gains and losses, and administrative expenses are allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

The investments and other assets and liabilities of the Master Trust, and the Plan's proportionate share, at December 31, 2024 and 2023, are summarized as follows:

| <i>In thousands</i>                                     | <b>2024</b>             |   | <b>2023</b>             |   |
|---|-------------------------|---|-------------------------|---|
|   | <b>Master<br/>Trust</b> | <b>Plan's<br/>Proportionate<br/>Share</b> | <b>Master<br/>Trust</b> | <b>Plan's<br/>Proportionate<br/>Share</b> |
| Investments at fair value:                              |                         |   |                         |   |
| Corporate debt investments                              | \$ 395,486              | \$ 307,003                                | \$ 445,443              | \$ 348,980                                |
| Government securities                                   | 168,978                 | 131,172                                   | 150,555                 | 117,952                                   |
| Other investments:                                      |                         |   |                         |   |
| Short-term investments                                  | 279                     | 217                                       | 3,676                   | 2,880                                     |
| Asset backed securities                                 | 40,013                  | 31,061                                    | 20,229                  | 15,848                                    |
| Derivatives   | 5,232                   | 4,061                                     | 4,620                   | 3,620                                     |
| Interests in common/collective trusts                   | 16,525                  | 12,828                                    | 9,208                   | 7,214                                     |
| Private partnerships                                    | 3,792                   | 2,944                                     | 3,706                   | 2,903                                     |
| Total investment assets                                 | <u>630,305</u>          | <u>489,286</u>                            | <u>637,437</u>          | <u>499,397</u>                            |
| Accrued income  | 7,848                   | 6,092                                     | 6,789                   | 5,319                                     |
| Collateral due from broker                              | 6,653                   | 5,165                                     | 7,098                   | 5,561                                     |
| Unsettled trades, net payable                           | <u>(37,729)</u>         | <u>(29,288)</u>                           | <u>(3,436)</u>          | <u>(2,692)</u>                            |
| Total Master Trust assets                               | <u>\$ 607,077</u>       |   | <u>\$ 647,888</u>       |   |
| Plan's interest in total Master Trust assets            |                         | <u>\$ 471,254</u>                         |                         | <u>\$ 507,585</u>                         |
| Plan's percentage interest in total Master Trust assets |                         | <u>78%</u>                                |                         | <u>78%</u>                                |

The total investment income of the Master Trust is summarized as follows for the years ended December 31, 2024 and 2023:

| <i>In thousands</i>                        | <b>2024</b>     | <b>2023</b>      |
|--|-----------------|------------------|
| Interest and dividend income               | \$ 33,237       | \$ 30,625        |
| Expenses                                   | (3,321)         | -                |
| Net investment appreciation (depreciation) | <u>(29,475)</u> | <u>23,194</u>    |
| Total                                      | <u>\$ 441</u>   | <u>\$ 53,819</u> |

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**4. FAIR VALUE MEASUREMENTS**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan classifies its investments into a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of these three levels:

*Level 1* – Quoted prices in active markets for identical assets or liabilities

*Level 2* – Inputs that are derived principally from or corroborated by observable market data

*Level 3* – Inputs that are unobservable and significant to the overall fair value measurement

Investment assets measured using the NAV practical expedient are not categorized in the fair value hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value as of December 31, 2024 and 2023.

| <i>In thousands</i>                                 | <b>December 31, 2024</b> |                   |                |                   |
|---|--------------------------|-------------------|----------------|-------------------|
|   | <b>Level 1</b>           | <b>Level 2</b>    | <b>Level 3</b> | <b>Total</b>      |
| Corporate debt investments                          | \$ -                     | \$ 395,486        | \$ -           | \$ 395,486        |
| Government securities                               | -                        | 168,978           | -              | 168,978           |
| Other investments:                                  |                          |                   |                |                   |
| Short-term investments                              | -                        | 279               | -              | 279               |
| Asset backed securities                             | -                        | 40,013            | -              | 40,013            |
| Derivatives   | -                        | 5,232             | -              | 5,232             |
| Investments in the fair value hierarchy             | <u>\$ -</u>              | <u>\$ 609,988</u> | <u>\$ -</u>    | 609,988           |
| Interests in common/collective trust funds (at NAV) |                          |                   |                | 16,525            |
| Private partnerships (at NAV)                       |                          |                   |                | <u>3,792</u>      |
| Total Master Trust investments                      |                          |                   |                | <u>\$ 630,305</u> |

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

| <i>In thousands</i>                                 | December 31, 2023 |                   |             |                   |
|---|-------------------|-------------------|-------------|-------------------|
|   | Level 1           | Level 2           | Level 3     | Total             |
| Corporate debt investments                          | \$ -              | \$ 445,443        | \$ -        | \$ 445,443        |
| Government securities                               | -                 | 150,555           | -           | 150,555           |
| Other investments:                                  |                   |                   |             |                   |
| Short-term investments                              | -                 | 3,676             | -           | 3,676             |
| Asset backed securities                             | -                 | 20,229            | -           | 20,229            |
| Derivatives   | -                 | 4,620             | -           | 4,620             |
| Investments in the fair value hierarchy             | <u>\$ -</u>       | <u>\$ 624,523</u> | <u>\$ -</u> | 624,523           |
| Interests in common/collective trust funds (at NAV) |                   |                   |             | 9,208             |
| Private partnerships (at NAV)                       |                   |                   |             | <u>3,706</u>      |
| Total Master Trust investments                      |                   |                   |             | <u>\$ 637,437</u> |

**Asset Valuation Techniques**

The following methods and assumptions were used to estimate the values of the Master Trust's investments. There have been no changes in the methodologies used at December 31, 2024 and 2023, respectively.

*Corporate Debt Investments* – These investments include domestic and foreign corporate debt securities whose fair values are based on current market rates and credit spreads for debt securities with similar maturities.

*Government Securities* – These investments consist of U.S. government, foreign government and government agency debt securities. The fair values of U.S. government securities are based on current market rates and credit spreads for securities with similar maturities. The fair values of debt securities issued by foreign governments are based on prices obtained from broker/dealers and international indices.

*Other Investments* – These investments consist primarily of short-term investments, asset backed securities and derivatives. For investment funds publicly traded on a national securities exchange, the fair value is based on quoted market prices. For investment funds not traded on an exchange, the total fair value of the underlying securities is used to determine the NAV for each unit of the fund held by the Master Trust. The estimated fair values of the underlying securities are generally valued based on quoted market prices. For securities without quoted market prices, other observable market inputs are used to determine the fair value. Asset backed securities are priced using prepayment speed and spread inputs that are sourced from the new issue market. Derivatives are valued using pricing models based on the prevailing forward exchange rate of the underlying currencies taking into account the counterparties creditworthiness.

*Common/Collective Trust Funds* – These investments include an index fund investing primarily in domestic equities and a short-term investment fund for highly liquid, short-term debt securities. Investments are valued at the NAV of units of a bank collective trust. The NAV, as provided in

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

each fund's audited financial statements, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trusts, the investment advisors reserve the right to temporarily delay withdrawal from the collective trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Private Partnerships* – These investments consist primarily of secondary private equity funds and mezzanine debt funds. NAV is used as a practical expedient to estimate fair value. The NAV of these investments has been estimated based on methods employed by the general partners, including reference to third-party transactions and valuations of comparable companies.

The methods described above may produce a fair value calculation that may not be indicative of net asset value or reflective of future fair value. Furthermore, while the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different estimates of fair value at the reporting date.

**Net Asset Value Per Share**

The following tables set forth information related to investment assets held by the Master Trust for which fair value is measured using the NAV per share as a practical expedient:

| <i>In thousands</i>                          | <b>December 31, 2024</b> |                                |                           |
|--|--------------------------|--------------------------------|---------------------------|
|  | <b>Fair Value</b>        | <b>Unfunded<br/>Commitment</b> | <b>Remaining<br/>Life</b> |
| Venture capital funds                        | \$ 1                     | \$ -                           | 0 years                   |
| Secondary private equity funds               | 3,718                    | -                              | 0 years                   |
| Mezzanine debt funds                         | 73                       | -                              | 0 years                   |
| Private partnerships                         | 3,792                    | \$ -                           |                           |
| PIMCO Short-Term Floating<br>NAV Fund        | 1,037                    | n/a                            | n/a                       |
| Northern Trust Short-Term<br>Investment Fund | 15,488                   | n/a                            | n/a                       |
| Interest in common/collective trusts         | 16,525                   |                                |                           |
| Total  | \$ 20,317                |                                |                           |

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

| <i>In thousands</i>                                       | December 31, 2023 |                        |                   |
|---|-------------------|------------------------|-------------------|
|   | Fair Value        | Unfunded<br>Commitment | Remaining<br>Life |
| Venture capital funds                                     | \$ 1              | \$ -                   | 0 years           |
| Secondary private equity funds                            | 3,485             | -                      | 0 years           |
| Mezzanine debt funds                                      | 220               | -                      | 0 years           |
| Private partnerships                                      | 3,706             | \$ -                   |                   |
| Wellington CIF II Disciplined US<br>Equity Defensive Fund | 196               | n/a                    | n/a               |
| Northern Trust Short-Term<br>Investment Fund              | 9,012             | n/a                    | n/a               |
| Interest in common/collective trusts                      | 9,208             |                        |                   |
| Total   | \$ 12,914         |                        |                   |

The Master Trust's investment assets include private partnerships and interests in common/collective trust funds. The private partnerships category consists primarily of secondary private equity funds and mezzanine debt funds. The secondary private equity funds acquire preexisting commitments made by others to private equity and other alternative investment funds. The mezzanine debt funds invest in subordinated debt or preferred equity instruments of established firms. These investments may be liquidated through secondary markets, subject to negotiated terms. Distributions are received through the liquidation of the underlying assets of the funds.

The underlying investments in common/collective trust funds primarily include domestic equities and highly liquid, short-term debt securities. The investment objective of the Wellington CIF II Disciplined US Equity Defensive Fund (held in 2023) is to provide for long-term returns in excess of a benchmark index. Both the Northern Trust Short-Term Investment Fund and PIMCO Short-Term Floating Fund's primary objective is principal preservation, while also providing for liquidity management. These funds allow the Plan to purchase and redeem units on a daily basis with no restrictions or notice periods.

## 5. FUNDING POLICY

The Plan is funded through Company contributions, which are actuarially determined. The Company's funding policy is to make contributions to the Plan in amounts as determined by the Plan's independent actuary in order to meet the minimum funding requirements of ERISA. No contributions were required in 2024 or 2023 to satisfy the minimum funding requirements of ERISA.

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

## **6. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations hereunder, and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated depends on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

## **7. FEDERAL INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Company by letter, dated February 1, 2018, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and that the Plan and the related Master Trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **8. INFORMATION CERTIFIED BY THE TRUSTEE**

Certain information related to investments disclosed in the accompanying financial statements, including interest from Master Trust as well as information in Notes 3 and 4 as of December 31, 2024 and 2023, and net income from Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by the Northern Trust Company, the Trustee of the Plan.

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

**9. ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest five years of earnings. The accumulated plan benefits for active employees are based on their highest average compensation over a five-year period. 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2023, is as follows (in thousands):

Actuarial present value of accumulated plan benefits

|   |                          |
|---|--------------------------|
| Vested benefits:  |                          |
| Participants/beneficiaries currently receiving benefit payments | \$ 367,984               |
| Other participants  | <u>165,071</u>           |
| Total vested participants                                       | 533,055                  |
| Nonvested participants  | <u>3,048</u>             |
| Total actuarial present value of accumulated plan benefits      | <u><u>\$ 536,103</u></u> |

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023, is as follows (in thousands):

|   |                          |
|---|--------------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | <u>\$ 546,132</u>        |
| Increase (decrease) during the year attributable to:                    |                          |
| Benefits paid   | (34,821)                 |
| Benefits accumulated and plan experience                                | 2,069                    |
| Actuarial assumption changes  | (284)                    |
| Interest accumulation   | <u>23,007</u>            |
| Net decrease  | <u>(10,029)</u>          |
| Actuarial present value of accumulated plan benefits, end of year       | <u><u>\$ 536,103</u></u> |

The significant actuarial assumptions are as follows:

|                          |  |
|--------------------------|--|
| <i>Valuation Method:</i> | Standard Unit Credit Cost Method   |
| <i>Mortality Rates:</i>  | <i>Health and Disabled</i> – Plan-specific table, partially reflecting plan experience combined with rates from the RP-2014 tables adjusted to the 2006 base year, with mortality improvement scale MP-2021. |
| <i>Interest Rate:</i>    | 4.35%  |
| <i>Retirement Age:</i>   | Age 62   |

The actuarial present value of accumulated benefits for the year ended December 31, 2023 reflects a decrease of \$284,000 due to changes in the actuarial assumptions. These changes account for a change in the lump-sum rates from the November 2022 417 (e) segment rates of 5.09%, 5.60%, and 5.41% to the November 2023 417 (e) segment rates of 5.50%, 5.76%, and 5.83%. In addition there was a change in the mortality assumption for lump sums from the published IRC section 417 (e) table for lump sums with payment dates through 2023, with estimated IRC section 417 (e) table for lump sums with commencement dates after 2023 projected based on the standard version of MP-2021, to the published IRC section 417 (e) table for lump sums with payment dates through 2024, with estimated IRC section 417 (e) table for lump sums with commencement dates after 2024 projected based on the IRS 2024 Adjusted Scale MP-2021. In addition, the long-term inflation assumption for purposes of statutory benefit limit was changed from 2.40% per year to 2.30% per year.

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

**VULCAN MATERIALS COMPANY PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

**10. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Plan investments include shares of a common/collective trust fund managed by The Northern Trust Company of Chicago, Illinois, which also serves as Trustee of the Plan. As a result, these transactions qualify as exempt party-in-interest transactions under ERISA.

**11. NEW ACCOUNTING STANDARDS**

**Accounting Standards Recently Adopted**

None

**Accounting Standards Pending Adoption**

None

**12. SUBSEQUENT EVENTS**

For the year ended December 31, 2024, subsequent events were evaluated through October 3, 2025, the date the financial statements were available to be issued. There were no events or transactions identified during this evaluation that require recognition or disclosure in the financial statements.

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Accrued Benefit

| Attained Age | Years of Credited Service |     |             |               |               |               |               |       |       |     |
|--------------|---------------------------|-----|-------------|---------------|---------------|---------------|---------------|-------|-------|-----|
|              | <1                        | 1-4 | 5-9         | 10-14         | 15-19         | 20-24         | 25-29         | 30-34 | 35-39 | 40+ |
| <25          |                           |     |             |               |               |               |               |       |       |     |
| 25-29        |                           |     |             |               |               |               |               |       |       |     |
| 30-34        |                           |     |             |               |               |               |               |       |       |     |
| 35-39        |                           | 1   | 17          |               |               |               |               |       |       |     |
| 40-44        |                           |     | 38<br>\$478 | 36<br>\$591   |               |               |               |       |       |     |
| 45-49        |                           |     | 30<br>\$425 | 44<br>\$985   | 6             |               |               |       |       |     |
| 50-54        |                           |     | 35<br>\$581 | 67<br>\$1,108 | 27<br>\$1,552 | 15            |               |       |       |     |
| 55-59        |                           |     | 26<br>\$516 | 70<br>\$1,077 | 30<br>\$1,538 | 35<br>\$2,076 | 23<br>\$1,912 |       |       |     |
| 60-64        |                           |     | 23<br>\$689 | 52<br>\$1,351 | 22<br>\$1,551 | 36<br>\$2,237 | 34<br>\$3,119 | 9     |       |     |
| 65-69        |                           |     | 7           | 20<br>\$1,728 | 6             | 4             | 7             | 6     | 2     |     |
| 70+          |                           |     | 2           | 5             |               |               |               | 1     | 3     | 1   |

N-740

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**Interest Rates**

Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:

Duration 0.5 – 5.46%

Duration 5.5 – 4.81%

Duration 10.5 – 5.13%

Duration 15.5 – 5.24%

Duration 20.5 – 5.22%

Duration 25.5 – 5.18%

Duration 30.5 – 5.17%

**Optional Payment Form Election Percentage**

60% of Chemicals participants eligible for an early retirement subsidy elect and qualify for a lump sum distribution.

20% of other Chemicals participants are assumed to elect a single life annuity and 20% are assumed to elect a 100% joint and survivor annuity.

70% of Arundel participants are assumed to elect a single life annuity and 30% are assumed to elect a 50% joint and survivor annuity.

Salaried participants who terminate with a lump sum optional form under \$10,000 are assumed to elect the lump sum. 40% of those who are eligible for a lump sum of the December 31, 2001 accrued benefit are assumed to elect the partial lump sum payment. For benefits not expected to be taken as a lump sum, 50% are assumed to be taken as a single life annuity and 50% are assumed to be taken as a 75% joint and survivor.

**Lump Sum Payment Form Conversion Interest Rate**

Same as funding interest rates above for lump sums.

**Lump Sum Payment Form Conversion Mortality**

Current IRC section 417(e) table for lump sums.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

**Retirement Age**

|  |              |
|--|--------------|
| Chemicals Participants Terminated Due to Divestiture With Early Retirement Eligibility | See Table 1. |
| Active Former Arundel Participants   | See Table 2. |
| Active Salaried Participants   | See Table 3. |
| Salaried Chemicals Division Sales Participants   | See Table 4. |
| Terminated Vested Participants   | Age 63       |

**Mortality Rates**

|                      |  |
|----------------------|--|
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b) |
|----------------------|--|

**Withdrawal Rates**

See Tables 5 – 7.

**Disability Rates**

See Table 8 (applies to Salaried participants only).

**Decrement Timing**

Beginning of year decrements.

**Surviving Spouse Benefit**

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

**Valuation of Plan Assets**

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

**Expected Return on Assets**

|                |       |
|----------------|-------|
| 2023 Plan Year | 4.85% |
| 2024 Plan Year | 4.85% |

**Trust Expenses Included in Target Normal Cost**

Administrative expenses of \$820,000. This represents 2023 non-PBGC administrative expenses, increased 5%, plus 2024 PBGC premiums.

**Actuarial Method**

Standard unit credit cost method.

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Actuarial Assumptions and Methods

Table 1

**Retirement Rates – Certain Chemicals Participants Impacted by the Chemicals Division Divestiture**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 15.00%      |
| 56         | 5.00%       |
| 57         | 5.00%       |
| 58         | 5.00%       |
| 59         | 5.00%       |
| 60         | 30.00%      |
| 61         | 30.00%      |
| 62         | 100.00%     |
| 63         | 100.00%     |
| 64         | 100.00%     |
| 65         | 100.00%     |
| 66+        | 100.00%     |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

Table 2

**Retirement Rates — Former Arundel Actives**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 65+        | 100.00%     |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

Table 3

Retirement Rates — Salaried Actives

| Age | Rate    |
|-----|---------|
| 55  | 5.00%   |
| 56  | 3.00%   |
| 57  | 3.00%   |
| 58  | 3.00%   |
| 59  | 10.00%  |
| 60  | 10.00%  |
| 61  | 10.00%  |
| 62  | 25.00%  |
| 63  | 25.00%  |
| 64  | 25.00%  |
| 65  | 25.00%  |
| 66  | 25.00%  |
| 67  | 25.00%  |
| 68  | 25.00%  |
| 69  | 25.00%  |
| 70+ | 100.00% |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

Table 4

**Retirement Rates — Certain Salaried Participants Impacted by the Chemicals Division Divestiture**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 15.00%      |
| 56         | 10.00%      |
| 57         | 10.00%      |
| 58         | 10.00%      |
| 59         | 25.00%      |
| 60         | 25.00%      |
| 61         | 25.00%      |
| 62+        | 100.00%     |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Table 5

Withdrawal Rates — Former Florida Cement and Arundel Corporation Divisions

| Age | Rate     | Age | Rate    |
|-----|----------|-----|---------|
| 15  | 11.9384% | 45  | 7.5447% |
| 16  | 11.9384% | 46  | 7.0816% |
| 17  | 11.9384% | 47  | 6.5810% |
| 18  | 11.9384% | 48  | 6.0394% |
| 19  | 11.9384% | 49  | 5.4556% |
| 20  | 11.9384% | 50  | 4.8333% |
| 21  | 11.8807% | 51  | 4.1842% |
| 22  | 11.8208% | 52  | 3.5271% |
| 23  | 11.7584% | 53  | 2.8834% |
| 24  | 11.6930% | 54  | 2.2762% |
| 25  | 11.6242% | 55  | 1.7264% |
| 26  | 11.5515% | 56  | 1.2499% |
| 27  | 11.4745% | 57  | 0.8557% |
| 28  | 11.3924% | 58  | 0.5464% |
| 29  | 11.3046% | 59  | 0.3179% |
| 30  | 11.2095% | 60  | 0.1614% |
| 31  | 11.1053% | 61  | 0.0654% |
| 32  | 10.9903% | 62  | 0.0167% |
| 33  | 10.8617% | 63+ | 0.0000% |
| 34  | 10.7172% |     |         |
| 35  | 10.5540% |     |         |
| 36  | 10.3702% |     |         |
| 37  | 10.1635% |     |         |
| 38  | 9.9328%  |     |         |
| 39  | 9.6769%  |     |         |
| 40  | 9.3957%  |     |         |
| 41  | 9.0862%  |     |         |
| 42  | 8.7459%  |     |         |
| 43  | 8.3754%  |     |         |
| 44  | 7.9749%  |     |         |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Table 6

Withdrawal Rates — Former Virginia Concrete and Teamsters Divisions

| Age | Rate    | Age | Rate    |
|-----|---------|-----|---------|
| 18  | 6.5775% | 48  | 2.3544% |
| 19  | 6.5775% | 49  | 1.9386% |
| 20  | 6.5775% | 50  | 1.5245% |
| 21  | 6.2179% | 51  | 1.1813% |
| 22  | 5.9081% | 52  | 0.9082% |
| 23  | 5.6482% | 53  | 0.6879% |
| 24  | 5.4379% | 54  | 0.4787% |
| 25  | 5.2040% | 55  | 0.3344% |
| 26  | 5.1387% | 56  | 0.2074% |
| 27  | 5.0358% | 57  | 0.1172% |
| 28  | 4.9547% | 58  | 0.0538% |
| 29  | 4.8888% | 59  | 0.0161% |
| 30  | 4.8312% | 60+ | 0.0000% |
| 31  | 4.7756% |     |         |
| 32  | 4.7165% |     |         |
| 33  | 4.6488% |     |         |
| 34  | 4.5687% |     |         |
| 35  | 4.4736% |     |         |
| 36  | 4.3629% |     |         |
| 37  | 4.2376% |     |         |
| 38  | 4.1036% |     |         |
| 39  | 3.9690% |     |         |
| 40  | 3.8412% |     |         |
| 41  | 3.7229% |     |         |
| 42  | 3.6139% |     |         |
| 43  | 3.5048% |     |         |
| 44  | 3.3784% |     |         |
| 45  | 3.2149% |     |         |
| 46  | 2.9962% |     |         |
| 47  | 2.7100% |     |         |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Table 7

Withdrawal Rates — Salaried

| Age | Rate | Age | Rate |
|-----|------|-----|------|
| 18  | 6.5% | 48  | 2.5% |
| 19  | 6.5% | 49  | 2.5% |
| 20  | 6.5% | 50  | 2.5% |
| 21  | 6.5% | 51  | 2.5% |
| 22  | 6.5% | 52  | 2.5% |
| 23  | 6.5% | 53  | 2.5% |
| 24  | 6.5% | 54  | 2.5% |
| 25  | 6.5% | 55  | 0.0% |
| 26  | 6.5% |     |      |
| 27  | 6.5% |     |      |
| 28  | 6.5% |     |      |
| 29  | 6.5% |     |      |
| 30  | 5.0% |     |      |
| 31  | 5.0% |     |      |
| 32  | 5.0% |     |      |
| 33  | 5.0% |     |      |
| 34  | 5.0% |     |      |
| 35  | 5.0% |     |      |
| 36  | 5.0% |     |      |
| 37  | 5.0% |     |      |
| 38  | 5.0% |     |      |
| 39  | 5.0% |     |      |
| 40  | 5.0% |     |      |
| 41  | 5.0% |     |      |
| 42  | 5.0% |     |      |
| 43  | 5.0% |     |      |
| 44  | 5.0% |     |      |
| 45  | 2.5% |     |      |
| 46  | 2.5% |     |      |
| 47  | 2.5% |     |      |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Table 8

Disability Rates — Salaried

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><hr/> <b>2024</b><br><hr/> <b>This Form is Open to Public Inspection</b> |
|---|--|--|

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<br>VULCAN MATERIALS COMPANY PENSION PLAN   | <b>B</b> Three-digit plan number (PN) ▶ <u>010</u>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>LEGACY VULCAN LLC VULCAN MATERIALS COMPANY   | <b>D</b> Employer Identification Number (EIN)<br>20-8579133 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |   |
| <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 <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b>                 | Assets:   |                            |                           |
|                          | <b>a</b> Market value .....   | <b>2a</b>                  | 507,585,545               |
|                          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 498,941,278               |
| <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.....  | 1,947                      | 342,165,927               |
|                          | <b>b</b> For terminated vested participants .....   | 679                        | 47,911,282                |
|                          | <b>c</b> For active participants.....   | 740                        | 99,296,566                |
|                          | <b>d</b> Total .....  | 3,366                      | 489,373,775               |
| <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>                   | 5.13%                     |
| <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>                  | 820,000                   |
|                          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 820,000                   |

**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> | <u>Cheryl L. Davis</u> <i>CLD</i><br>Signature of actuary                           | <u>09/26/2025</u><br>Date                                     |
|                  | <u>CHERYL L. DAVIS</u><br>Type or print name of actuary                             | <u>2304707</u><br>Most recent enrollment number               |
|                  | <u>AON CONSULTING, INC.</u><br>Firm name  | <u>847-295-5000</u><br>Telephone number (including area code) |
|                  | <u>MSC# 17755 P.O. BOX 551343</u><br><u>Atlanta GA 30355</u><br>Address of the firm |   |

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



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

**21** Discount rate:

**a** Segment rates:

|                   |                   |                   |  |
|-------------------|-------------------|-------------------|--|
| 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
|-------------------|-------------------|-------------------|--|

**b** Applicable month (enter code)..... **21b**

**22** Weighted average retirement age ..... **22** 62

**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** 820,000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 820,000

**32** Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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 |
|--|-------------------|--------------------|---------------|
| <b>35</b> 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) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

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

The AFTAP was originally issued September 30, 2024. The AFTAP was revised and reissued March 27, 2025 to update the Value of Plan Assets due to a change in the 2023 administrative expenses.

|                                    | Certification Date |                |
|------------------------------------|--------------------|----------------|
|                                    | September 30, 2024 | March 27, 2025 |
| Funding Target                     | \$ 492,101,908     | \$ 492,101,908 |
| Value of Plan Assets               | \$ 498,190,944     | \$ 498,941,278 |
| Funding Standard Carryover Balance | \$ 0               | \$ 0           |
| Prefunding Balance                 | \$ 0               | \$ 0           |
| Annuities Purchased for NHCE's     | \$ 0               | \$ 0           |
| Security Posted                    | \$ 0               | \$ 0           |
| Certified AFTAP                    | 101.23%            | 101.38%        |

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

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 beginning of year.

| Group A: Salaried Actives |         |                  |                            |
|---------------------------|---------|------------------|----------------------------|
| (a)                       | (b)     | (c)              | (d)                        |
| Age                       | Rate    | Weight           | Product<br>(a) × (b) × (c) |
| 55                        | 5.00%   | 1.0000           | 2.75                       |
| 56                        | 3.00%   | 0.9500           | 1.60                       |
| 57                        | 3.00%   | 0.9215           | 1.58                       |
| 58                        | 3.00%   | 0.8939           | 1.56                       |
| 59                        | 10.00%  | 0.8670           | 5.12                       |
| 60                        | 10.00%  | 0.7803           | 4.68                       |
| 61                        | 10.00%  | 0.7023           | 4.28                       |
| 62                        | 25.00%  | 0.6321           | 9.80                       |
| 63                        | 25.00%  | 0.4741           | 7.47                       |
| 64                        | 25.00%  | 0.3555           | 5.69                       |
| 65                        | 25.00%  | 0.2667           | 4.33                       |
| 66                        | 25.00%  | 0.2000           | 3.30                       |
| 67                        | 25.00%  | 0.1500           | 2.51                       |
| 68                        | 25.00%  | 0.1125           | 1.91                       |
| 69                        | 25.00%  | 0.0844           | 1.46                       |
| 70                        | 100.00% | 0.0633           | 4.43                       |
|                           |         | Weighted Average | 62.47                      |

| Group B: Former Arundel Actives |         |                  |                            |
|---------------------------------|---------|------------------|----------------------------|
| (a)                             | (b)     | (c)              | (d)                        |
| Age                             | Rate    | Weight           | Product<br>(a) × (b) × (c) |
| 65                              | 100.00% | 1.0000           | 65.00                      |
|                                 |         | Weighted Average | 65.00                      |

| Retirement Rates - Weighted Average for All Groups |                     |                           |
|--|---------------------|---------------------------|
|  | Group               |                           |
|  | A: Salaried Actives | B: Former Arundel Actives |
| Average Age  | 62.47               | 65.00                     |
| Count  | 738                 | 2                         |
| Weighted Average Expected Retirement Age           | 62.48               |                           |

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|---|------------|
| 2024      | 1,538,625           | 1,148,898                      | 32,555,466  | 35,242,989 |
| 2025      | 2,568,320           | 1,498,156                      | 31,820,400  | 35,886,876 |
| 2026      | 3,468,790           | 1,837,210                      | 31,033,874  | 36,339,874 |
| 2027      | 4,343,381           | 2,176,290                      | 30,214,028  | 36,733,699 |
| 2028      | 5,077,274           | 2,391,096                      | 29,341,897  | 36,810,267 |
| 2029      | 5,729,582           | 2,742,130                      | 28,442,979  | 36,914,691 |
| 2030      | 6,294,404           | 3,017,129                      | 27,458,251  | 36,769,784 |
| 2031      | 6,776,530           | 3,094,461                      | 26,476,358  | 36,347,349 |
| 2032      | 7,148,422           | 3,242,153                      | 25,437,250  | 35,827,825 |
| 2033      | 7,448,988           | 3,387,708                      | 24,369,737  | 35,206,433 |
| 2034      | 7,696,789           | 3,463,040                      | 23,273,647  | 34,433,476 |
| 2035      | 7,900,936           | 3,611,321                      | 22,144,231  | 33,656,488 |
| 2036      | 8,043,775           | 3,624,987                      | 20,987,813  | 32,656,575 |
| 2037      | 8,136,090           | 3,629,929                      | 19,802,371  | 31,568,390 |
| 2038      | 8,189,951           | 3,650,294                      | 18,603,137  | 30,443,382 |
| 2039      | 8,184,703           | 3,673,386                      | 17,400,830  | 29,258,919 |
| 2040      | 8,157,290           | 3,669,298                      | 16,192,388  | 28,018,976 |
| 2041      | 8,103,169           | 3,631,385                      | 14,983,046  | 26,717,600 |
| 2042      | 8,020,130           | 3,631,238                      | 13,781,199  | 25,432,567 |
| 2043      | 7,892,017           | 3,601,107                      | 12,593,918  | 24,087,042 |
| 2044      | 7,733,385           | 3,534,927                      | 11,428,899  | 22,697,211 |
| 2045      | 7,542,728           | 3,437,370                      | 10,294,298  | 21,274,396 |
| 2046      | 7,320,702           | 3,347,503                      | 9,198,508   | 19,866,713 |
| 2047      | 7,074,596           | 3,243,348                      | 8,149,912   | 18,467,856 |
| 2048      | 6,802,065           | 3,122,964                      | 7,156,570   | 17,081,599 |
| 2049      | 6,504,454           | 2,996,349                      | 6,225,891   | 15,726,694 |
| 2050      | 6,185,115           | 2,857,439                      | 5,364,254   | 14,406,808 |
| 2051      | 5,847,552           | 2,710,318                      | 4,576,546   | 13,134,416 |
| 2052      | 5,497,280           | 2,555,647                      | 3,865,818   | 11,918,745 |
| 2053      | 5,137,858           | 2,396,316                      | 3,233,133   | 10,767,307 |
| 2054      | 4,773,494           | 2,233,758                      | 2,677,528   | 9,684,780  |
| 2055      | 4,407,753           | 2,069,611                      | 2,196,218   | 8,673,582  |
| 2056      | 4,044,853           | 1,905,628                      | 1,784,847   | 7,735,328  |
| 2057      | 3,688,749           | 1,743,609                      | 1,437,856   | 6,870,214  |
| 2058      | 3,342,971           | 1,585,322                      | 1,148,891   | 6,077,184  |

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|---|-----------|
| 2059      | 3,010,892           | 1,432,394                      | 911,147   | 5,354,433 |
| 2060      | 2,695,203           | 1,286,241                      | 717,761   | 4,699,205 |
| 2061      | 2,398,034           | 1,148,034                      | 562,129   | 4,108,197 |
| 2062      | 2,120,944           | 1,018,655                      | 438,078   | 3,577,677 |
| 2063      | 1,864,889           | 898,705                        | 340,031   | 3,103,625 |
| 2064      | 1,630,319           | 788,490                        | 263,094   | 2,681,903 |
| 2065      | 1,417,188           | 688,039                        | 203,071   | 2,308,298 |
| 2066      | 1,225,017           | 597,173                        | 156,455   | 1,978,645 |
| 2067      | 1,052,982           | 515,531                        | 120,390   | 1,688,903 |
| 2068      | 899,976             | 442,617                        | 92,575  | 1,435,168 |
| 2069      | 764,737             | 377,858                        | 71,177  | 1,213,772 |
| 2070      | 645,903             | 320,635                        | 54,759  | 1,021,297 |
| 2071      | 542,070             | 270,335                        | 42,194  | 854,599   |
| 2072      | 451,853             | 226,350                        | 32,608  | 710,811   |
| 2073      | 373,917             | 188,107                        | 25,323  | 587,347   |

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Schedule SB, Part V – Summary of Plan Provisions

|                           |  |
|---------------------------|--|
| <b>Effective Date</b>     | October 1, 1959. Restated January 1, 2022, and last amended December 30, 2022.   |
| <b>Plan Status</b>        | <p>Employment for Chemicals participants covered under the plan was terminated June 2005 due to the divestiture of the Chemicals Divisions.</p> <p>Effective December 31, 2008, The Retirement Plan for Employees of The Arundel Corporation and Virginia Concrete Company, Inc. was merged into The Retirement Plan for Hourly Employees of the Chemicals Division (“Chemicals Pension Plan”).</p> <p>As of December 31, 2018, former Arundel hourly participants who were accruing benefits in this plan became eligible for The Pension Plan for Hourly Paid Employees of the Construction Materials Division (“CMG Hourly Pension Plan”).</p> <p>Effective November 30, 2020, the Vulcan Salaried Pension Plan was merged into the Chemicals Pension Plan.</p> |
| <b>Chemicals Division</b> |  |
| <b>Eligibility</b>        | Completion of one year of service for hourly employees represented by Wichita IUOE Local 119, Teamsters Local 795, West Texas IUOE Local 826, or Geismar OCAW Local 4-620.   |
| <b>Normal Retirement</b>  |  |
| Eligibility               | First of the month next following age 65.  |
| Benefit                   | The monthly accrued benefit as of divestiture.   |

# Schedule SB Attachment (Form 5500) — 2024 Plan Year

## Vulcan Materials Company Pension Plan

EIN: 20-8579133 PN: 010

### Early Retirement

#### Eligibility

Termination of employment on or after age 55 and five years of vesting service, or if employment terminated due to the sale of the Chemicals Division and the participant's age plus service equals or exceeds 70 at the time of the sale, then eligible at age 55.

#### Benefit

Accrued benefit reduced as follows for each month benefit commencement precedes the normal retirement date.

Participants at Wichita Drivers, bargaining unit 795, and Denver Operating Engineers, bargaining unit 826 (351), who have attained age 62 at retirement are eligible to receive their accrued benefit reduced 4% for each year that benefit commencement precedes the normal retirement date. For retirements prior to age 62, the accrued benefit is actuarially reduced.

Participants at Geismar (OCAW 620) who have attained age 59½ are eligible to receive their accrued benefit reduced 3.33% for each year that benefit commencement precedes the normal retirement date. For retirements prior to age 59½, the accrued benefit is actuarially reduced.

Participants at Wichita (IUOE 119) are eligible to receive their accrued benefit reduced 3% per year from normal retirement date to age 59½. For retirements prior to age 59½, the accrued benefit is actuarially reduced.

### Disability Benefits

#### Eligibility

Currently disabled participants.

#### Preretirement Benefit

Generally, \$150 monthly benefit payable to the earlier of normal retirement date or actual retirement. (\$60 monthly benefit for Local No. 351).

#### Retirement Benefit

Accrued benefit reduced for early retirement, if applicable, plus the excess of any preretirement disability benefit over the sum of the normal retirement accrued benefit and primary Social Security benefit.

### Termination

#### Eligibility

Five years of vesting service or at the sale date.

#### Benefit

The monthly accrued benefit, actuarially reduced to reflect early retirement between age 55 and normal retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

**Preretirement Death Benefits**

Before Age 55

A vested participant's eligible spouse is entitled to receive a monthly benefit determined as if the participant separated from service the day prior to death or earlier termination date, lived to age 55 or actual commencement date, retired under the 75% joint and survivor option, and died the next day.

On or After Age 55

A vested participant's eligible spouse is entitled to receive a monthly benefit equal to 65% of the participant's accrued benefit, adjusted for more than 60-month age difference between spouse and participant. The benefit is reduced for commencement prior to the participant's normal retirement date.

**Definitions**

Normal Form of Payment

Actuarial equivalent 75% joint and survivor annuity, if married; life annuity, if single.

Optional Forms of Payment

Life annuity, 50%, 66 $\frac{2}{3}$ %, 75%, 100% joint and survivor, 5, 10, or 15-year certain and life, Social Security level income option and lump sum. The optional forms of payment are determined as the actuarial equivalent of the life annuity.

Actuarial Equivalence

Non-Lump Sum

1983 Group Annuity Mortality Table for males with interest at 7% compounded annually.

Lump Sum

Based on interest rate and mortality assumptions prescribed by IRC section 417(e).

Vesting Service

Years and completed months of employment after age 18. Participants whose employment was terminated due to the Chemicals divestiture were fully vested as of the sale date.

Benefit Service

Years and completed months of employment as a covered employee.

Plan Year

January 1 to December 31.

Primary Social Security

An estimate of the monthly old-age benefit which would be available at age 65 based on current laws and Social Security wages assumed to continue at the same rate to the participant's normal retirement date.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Former Arundel Corporation and Virginia Concrete Plan

|                       |   |
|-----------------------|---|
| <b>Effective Date</b> | January 1, 1957. Effective December 31, 2008, The Arundel Corporation and Virginia Concrete Company, Inc. was merged into The Retirement Plan for Hourly Employees of the Chemicals Division (“Chemicals Pension Plan”).  |
| <b>Plan Status</b>    | For salaried participants, benefit service accruals are frozen as of December 31, 2013, and final average earnings are frozen as of December 31, 2015.  |
| <b>Eligibility</b>    | <p>First of month following six months of service and attainment of age 20½. Participation was frozen as of January 1, 1996.</p> <ul style="list-style-type: none"><li>• As of May 9, 2003, former members of Teamsters Local No. 639 became eligible for the plan retroactive to October 1, 2000.</li><li>• As of August 12, 2003, employees of Florida Cement, Inc., covered by the collective bargaining agreement with Paper, Allied-Industrial, Chemical and Energy Workers (PACE) International Union and Local 3-0130, were permitted to enter the plan as eligible employees.</li></ul> |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

**Normal Retirement**

|                     |   |
|---------------------|---|
| Eligibility         | First of month next following age 65. Age 65 with five years of service for Florida Cement.   |
| Benefit             |   |
| Arundel Corporation | <p>The monthly benefit equals the maximum of (1) and (2), multiplied by (3) (but not less than (4)):</p> <ol style="list-style-type: none"><li>(1) 62% of final average compensation less 75% of primary Social Security benefit;</li><li>(2) \$600;</li><li>(3) A fraction (not to exceed 1), the numerator of which is the benefit service the participant would have based on employment with the employer to normal retirement and the denominator of which is 30;</li><li>(4) Accrued benefit as of December 31, 1994.</li></ol>   |
| Virginia Concrete   | <p>The monthly benefit equals the maximum of (1) and (2), reduced by (3) and (4):</p> <ol style="list-style-type: none"><li>(1) <math>1\frac{2}{3}\%</math> of final average compensation less <math>1\frac{1}{3}\%</math> of primary Social Security benefit, times benefit service up to 30 years, plus <math>\frac{3}{4}\%</math> of final average compensation times benefit service in excess of 30 years;</li><li>(2) Monthly pension based on benefit service to September 30, 1976, plus minimum monthly pension for each year of benefit service after September 30, 1976;</li><li>(3) Lehigh Plan benefit;</li><li>(4) Union benefit earned while an employee of the company.</li></ol> |
| Former Teamster     | The benefit described in (1) above for Virginia Concrete participants.  |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 Vulcan Materials Company Pension Plan  
 EIN: 20-8579133 PN: 010

Florida Cement

Effective August 29, 2007, the plan was amended to freeze benefit accruals for Florida Cement participants as of the date on which Vulcan Materials Company acquired Florida Rock Industries.

The monthly benefit equals (1) minus (2):

(1) **For employees hired prior to July 1, 1984:**

The applicable dollar multiplier from the table below times years of benefit service:

| Termination Date          | Dollar Multiplier |
|---------------------------|-------------------|
| Prior to April 1, 2004    | \$ 28.00          |
| On or after April 1, 2004 | \$ 29.00          |

**For employees hired on or after July 1, 1984:**

The sum of the applicable Dollar Multipliers from the table below:

| Service Period                       | Dollar Multiplier      |                           |
|--------------------------------------|------------------------|---------------------------|
|                                      | Prior to April 1, 2004 | On or After April 1, 2004 |
| For each of the first                |                        |                           |
| 10 years of service                  | \$21.00                | \$21.75                   |
| 11th year of service                 | \$22.40                | \$23.20                   |
| 12th year of service                 | \$23.80                | \$24.65                   |
| 13th year of service                 | \$25.20                | \$26.10                   |
| 14th year of service                 | \$26.60                | \$27.55                   |
| 15th and subsequent years of service | \$28.00                | \$29.00                   |

(2) Benefit payable from the LaFarge Plan at normal retirement date.

# Schedule SB Attachment (Form 5500) — 2024 Plan Year

## Vulcan Materials Company Pension Plan

EIN: 20-8579133 PN: 010

### Early Retirement

|             |   |
|-------------|---|
| Eligibility | Age 50 with 15 years of service for Arundel participants. Age 55 with five years of service for Virginia Concrete participants. Age 55 with 10 years of service, or at any age with 30 years of service for Florida Cement participants.  |
| Benefit     | Retirement benefit reduced by 5/12% for each of the first 120 months prior to normal retirement and actuarially thereafter.<br><br>For Arundel Corporation, the normal retirement benefit is multiplied by a fraction (not to exceed 1) of benefit service as of determination date to benefit service projected to normal retirement date (not to exceed 30).<br><br>For Florida Cement participants, the retirement benefit reduced by 0.3% per month prior to age 65, or unreduced at 30 years of service. |

### Teamsters' Early Retirement Temporary Annuity

|             |   |
|-------------|---|
| Eligibility | For specified employees and their spouses, age 62 with 15 years of service.   |
| Benefit     | A temporary annuity of \$227.88 per month is payable until age 65 for the participant. Upon the spouse's attainment of age 62, a temporary annuity of \$126.15 per month is also payable until the spouse attains age 65. |

### Termination

|             |  |
|-------------|--|
| Eligibility | 100% vested with five years of vesting service.  |
| Benefit     | The benefit payable at normal retirement or reduced for early retirement if payment begins before normal retirement. |

### Preretirement Death Benefits

|         |  |
|---------|--|
| Benefit | A vested participant's eligible spouse is entitled to receive a monthly benefit determined as if the employee had separated from service immediately prior to death and had elected a 50% joint and survivor option (66 <sup>2</sup> / <sub>3</sub> % joint and survivor option for Florida Cement participants). Benefit to spouse cannot begin before the date the participant would have been eligible for earliest retirement age. |
|---------|--|

# Schedule SB Attachment (Form 5500) — 2024 Plan Year

## Vulcan Materials Company Pension Plan

EIN: 20-8579133 PN: 010

### Disability Benefits

Eligibility

Five years of service and qualifies for company's Long-Term Disability Plan.

Benefit

Participant continues to earn service and level compensation for each year of disability prior to commencing benefits. For commencement prior to normal retirement, the benefit is reduced by 5/12% for each of the first 120 months prior to normal retirement and actuarially thereafter.

For salaried participants, service frozen as of December 31, 2013.

Special disability benefits apply for Florida Cement.

### Definitions

Vesting Service

One year of vesting service for each 12 months in which 1,000 hours of service are completed.

Benefit Service

One year of benefit service for each plan year in which 1,000 hours of service are completed. Prior to January 1, 1976, completed years and months of employment. For salaried participants, frozen as of December 31, 2013.

Teamsters Local No. 639  
(former members)

Former members of Teamsters Local No. 639 begin to earn benefit service as of October 1, 2000. Each former Teamster will also be credited, on a pro rata basis, benefit service earned prior to October 1, 2000 (to a maximum of 20 years of prior service). Prior service is credited in an amount equal to prior service with Virginia Concrete through September 30, 2000/service from October 1, 2000 to age 60 for each year of benefit service after October 1, 2000.

Participants over age 60 as of October 1, 2000 will be credited with the full amount of their prior service as of October 1, 2000.

Virginia Concrete

A partial year of benefit service was granted as a result of the merger into the Arundel Plan.

Florida Cement

One year of benefit service for each plan year in which 1,000 hours of service are completed. Florida Cement employees were credited with years of service earned under the LaFarge North America Pension Plan ("LaFarge Plan") as of August 13, 2003. No additional credited service was earned for 2003 if the participant earned a year of service under the LaFarge Plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

|                              |   |
|------------------------------|---|
| Florida Rock Industries      | Employees who elected to participate in the Florida Rock Industries, Inc. Profit Sharing Plan ceased service accruals as of December 31, 1995 (September 30, 1993 for Virginia Concrete) or December 31, 2005, depending on the date participation ceased.  |
| Plan Year                    | January 1 to December 31.   |
| Compensation                 | Earnings excluding overtime, bonuses, commissions, or other special compensation.   |
| Final Average Compensation   | <p>For Virginia Concrete and former Teamsters participants, highest average monthly compensation over the 36 consecutive calendar months during the last 120 calendar months immediately preceding termination of employment or the date participation ceased. For Arundel Corporation participants, highest average monthly compensation over any five consecutive plan years during the 10 plan years immediately preceding termination of employment or the date participation ceased.</p> <p>For salaried participants, frozen as of December 31, 2015.</p> <p>Final average compensation is not applicable to Florida Cement participants.</p> |
| Primary Social Security      | An estimate of the monthly old-age benefit which would be available at age 65 based on current laws and Social Security wages assumed to continue at the same rate to the participant's normal retirement date.   |
| <b>Form of Payment</b>       |   |
| Normal Form of Payment       | Actuarial equivalent 50% joint and survivor annuity, if married; life annuity, if single.   |
| Optional Forms of Payment    | 50%, 66 $\frac{2}{3}$ %, 75%, or 100% joint and survivor annuity; 5, 10, 15, or 20 year certain and life annuity and a Social Security level income option are also optional forms of payment for Virginia Concrete, Arundel Corporation, and former Teamsters. The optional forms of payment are determined as the actuarial equivalent of the life annuity.   |
| <b>Actuarial Equivalence</b> |   |
| Non-lump Sum                 | UP 1984 Mortality Table with interest at 8.0%.  |
| Lump Sum                     | Based on interest rate and mortality assumptions prescribed by IRC section 417(e).  |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Former Salaried Pension Plan

|                          |  |
|--------------------------|--|
| <b>Effective Date</b>    | July 1, 1959. Restated January 1, 2017 and last amended November 23, 2020. Effective November 30, 2020, the Vulcan Salaried Pension Plan was merged into the Chemicals Pension Plan.   |
| <b>Plan Status</b>       | As of May 31, 2013, benefit service accruals are frozen as of December 31, 2013 and final average earnings and the Social Security wage base used to determine benefits are frozen as of December 31, 2015.  |
| <b>Eligibility</b>       | A salaried employee who was a member of a pre-existing plan, or attains age 21 and completes one year of service. Employees hired or rehired after a break-in-service on or after July 15, 2007 are not eligible for the plan.   |
| <b>Normal Retirement</b> |  |
| Eligibility              | Sixty-fifth birthday.  |
| Benefit                  | The monthly accrued benefit equals the maximum of (1), (2), or (3):<br><br>(1) (a) 0.90% of final average earnings times benefit service earned prior to age 45;<br>PLUS<br>(b) 1.20% of final average earnings times benefit service earned after age 45;<br>PLUS<br>(c) 0.50% of final average earnings in excess of 50% of the Social Security wage base times benefit service.<br><br>(2) \$20 per month per year of employment service (not limited).<br><br>(3) The December 31, 2000 accrued benefit. |
| <b>Early Retirement</b>  |  |
| Eligibility              | Termination of employment on or after age 55, or if employment is terminated due to the sale of the Chemicals Division and the participant's age plus service equals or exceeds 70 at the time of the sale, then eligible at age 55.   |
| Benefit                  | The accrued benefit reduced 7/12% for each month retirement precedes age 62. The prior plan factors apply to the December 31, 2000 benefit.  |

# Schedule SB Attachment (Form 5500) — 2024 Plan Year

## Vulcan Materials Company Pension Plan

EIN: 20-8579133 PN: 010

### Disability Benefits

Eligibility

Permanent and continuous disability which prevents employee from engaging in any gainful occupation.

Benefit

For disabilities after March 1, 1985, the participant continues to earn service until the earlier of cessation of disability, death, normal or actual retirement date.

### Termination

Eligibility

100% vested with five years of vesting service, or upon the close date if termination is due to the sale of the Chemicals Division.

Benefit

Participants whose termination of employment occurs prior to age 55 and who were not vested as of January 1, 1976 may elect to receive their accrued benefit as early as age 55, reduced actuarially based on the 1983 Group Annuity Mortality Table (assuming 95% male) and an interest rate of 7.0%, as follows:

| Age | Factor | Age | Factor |
|-----|--------|-----|--------|
| 55  | 0.380  | 61  | 0.663  |
| 56  | 0.415  | 62  | 0.732  |
| 57  | 0.454  | 63  | 0.810  |
| 58  | 0.498  | 64  | 0.899  |
| 59  | 0.547  | 65  | 1.000  |
| 60  | 0.602  |     |        |

### Preretirement Death Benefits

After Age 55

A vested participant's eligible spouse is entitled to receive a monthly benefit equal to 65% of the participant's accrued benefit, adjusted for more than 60 month age difference between spouse and participant. The benefit is reduced for commencement prior to the participant's normal retirement date as described under Early Retirement.

Before Age 55

A vested participant's eligible spouse is entitled to receive a monthly benefit determined as if the participant separated from service the day prior to death or earlier termination date, lived to age 55 or the date the monthly benefit becomes payable, retired under the 75% joint and survivor option, and died the next day.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

**Definitions**

|                        |  |
|------------------------|--|
| Vesting Service        | Years and completed months of employment after age 18.   |
| Benefit Service        | Years and completed months of employment as a salaried employee after age 21 up to 40 years. As of December 31, 2013, benefit service can no longer be earned.   |
| Employment Service     | Years and completed months of employment.  |
| Plan Year              | January 1 to December 31.  |
| Earnings               | Gross earnings excluding royalty payments, expense allowances, and payments made under any long-term incentive plan, including the company's Performance Share Plan. Earnings after December 31, 2015 are not considered in the development of final average earnings. |
| Final Average Earnings | Highest average monthly earnings during any 36 consecutive complete months of employment prior to January 1, 2016.   |
| Normal Retirement Date | Sixty-fifth birthday.  |

**Form of Payment**

|                           |  |
|---------------------------|--|
| Normal Form of Payment    | Actuarial equivalent 75% joint and survivor annuity, if married; life annuity, if single.  |
| Optional Forms of Payment | Life Annuity, 100%, 66 $\frac{2}{3}$ %, 75%, 50% joint and survivor, 5, 10, 15 year certain and life, and Social Security level income option. Lump sum option at retirement if the present value of the benefit is less than \$10,000, or with evidence of satisfactory good health, on the accrued benefit as of January 1, 2001 plus \$10,000 or as of January 1, 2002 plus \$10,000. The optional forms of payment are determined as the actuarial equivalent of the life annuity. |

**Actuarial Equivalent**

|                   |  |
|-------------------|--|
| Plan's Definition | 1983 Group Annuity Mortality Table, 95% male/5% female and 7% interest.            |
| Lump Sum          | Based on interest rate and mortality assumptions prescribed by IRC section 417(e). |

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Changes in Plan Provisions for the January 1, 2024 Valuation

The January 1, 2024 valuation reflects the following plan changes:

- Limit Changes
  - The legislated section 415 dollar limit for defined benefit plans increased from \$265,000 for 2023 to \$275,000 for 2024.
- An update to the mortality basis for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

## Changes in Plan Provisions for the January 1, 2023 Valuation

The January 1, 2023 valuation reflects the following plan changes:

- Limit Changes
  - The legislated section 415 dollar limit for defined benefit plans increased from \$245,000 for 2022 to \$265,000 for 2023.
- An update to the mortality basis for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

## Changes in Plan Provisions for the January 1, 2022 Valuation

The January 1, 2022 valuation reflects the following plan changes:

- Limit Changes
  - The legislated section 415 dollar limit for defined benefit plans increased from \$230,000 for 2021 to \$245,000 for 2022.
- An update to the mortality basis for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

## Changes in Plan Provisions for the January 1, 2021 Valuation

The January 1, 2021 valuation reflects the following plan changes:

- An update to the mortality basis for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An annuity lift-out in 2021 transferred the liability for retirees and beneficiaries with monthly benefits of \$400 or less to an insurance company.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Changes in Plan Provisions for the January 1, 2020 Valuation

The January 1, 2020 valuation reflects the following plan changes:

- Limit Changes
  - The legislated section 415 dollar limit for defined benefit plans increased from \$225,000 for 2019 to \$230,000 for 2020.
- An update to the mortality basis for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- A lump sum window was offered in 2020 to terminated vested participants.

Effective November 30, 2020, the Vulcan Salaried Pension Plan was merged into the Chemicals Pension Plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

**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.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
Vulcan Materials Company Pension Plan  
EIN: 20-8579133 PN: 010

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in mortality assumption from the plan-specific mortality table using projection scale MP-2021 to the 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Because there was no shortfall at the valuation date this change was made, approval of the Commissioner is not required.