

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CRH AMERICAS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CRH AMERICAS, INC. 900 ASHWOOD PARKWAY ATLANTA, GA 30338
2b	Employer Identification Number (EIN) 95-3298140
2c	Plan Sponsor's telephone number 770-804-3363
2d	Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	PAUL GLAUSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4590
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1647 6a(2) 1557 6b 1215 6c 1493 6d 4265 6e 255 6f 4520 6g(1) 6g(2) 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CRH AMERICAS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CRH AMERICAS, INC.	D Employer Identification Number (EIN) 95-3298140
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	449338631	
b	Actuarial value	2b	488769841	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1666	292299281	292299281
b	For terminated vested participants	1310	71431356	71431356
c	For active participants	1647	108661933	111679510
d	Total	4623	472392570	475410147
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.16 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	1280046	
b	Expected plan-related expenses	6b	2084000	
c	Target normal cost	6c	3364046	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary TIMOTHY J NUGENT, FSA, EA, MAAA Type or print name of actuary MILLIMAN, INC. Firm name 801 CASSATT ROAD SUITE 111 BERWYN, PA 19312 Address of the firm	10/07/2025 Date 23-07099 Most recent enrollment number 610-975-5051 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	29837217	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	5115089	0
9	Amount remaining (line 7 minus line 8)	24722128	0
10	Interest on line 9 using prior year's actual return of <u>9.32</u> %	2304102	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	27026230	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.12 %
15	Adjusted funding target attainment percentage	15	102.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	63	
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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28	Unpaid minimum required contributions for all prior years	28	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)	31a	3364046
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment		
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3364046
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
		3364046	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	
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)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CRH AMERICAS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CRH AMERICAS, INC.	D Employer Identification Number (EIN) 95-3298140	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	289098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	88179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT HEADQUARTE

20-0166430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INCOME RESEARCH & MANAGEMENT COLLEC

46-1964829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	26175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CRH AMERICAS PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CRH AMERICAS, INC.	D Employer Identification Number (EIN) 95-3298140	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND			
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT			
c EIN-PN 04-2929221-016	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9851252	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MARKETS EQUITY CIT			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8449836	
a Name of MTIA, CCT, PSA, or 103-12 IE: FTSE RAFI US 1000 INDEX NL CTF			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 06-6556853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12058972	
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX NON-LENDING FUND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3675957	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERSIFIED CREDIT CIT			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21656113	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 86-6497312-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19758598	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9623425	

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 FLAGSHIP NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21230734
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TREASURY INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 85-1553502-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22967822
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREAS INDX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58636119
a Name of MTIA, CCT, PSA, or 103-12 IE: IR M LONG CORPORATE COLLECTIVE FUND		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 37-6567224-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27944151
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INV GRADE INTERMEDIAT		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-206	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70577930
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 20+ YEAR US TREASURY STRIPS IN		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18675194
a Name of MTIA, CCT, PSA, or 103-12 IE: LGIMA LONG DURATION US CREDIT FUND		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 35-7085469-020	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99707848
a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC DIVERSIFIED STRATEGIES		
b Name of sponsor of entity listed in (a): SPECIAL INVESTMENTS, LLC		
c EIN-PN 20-1194001-000	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 713183
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVT FD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2569144
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan CRH AMERICAS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CRH AMERICAS, INC.	D Employer Identification Number (EIN) 95-3298140

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		2338
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1657915	301247
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	307636796	297823994
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	126627550	110272283
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11430666	16558488
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2287437	1554247

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	449640364	426512597
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	301733	295266
k Total liabilities (add all amounts in lines 1g through 1j)	1k	301733	295266
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	449338631	426217331

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-7	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-7
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	959288	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		959288
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19158042	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23252599	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1911278	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10493683
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		2041739
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-281466
c Other income	2c		138380
d Total income. Add all income amounts in column (b) and enter total	2d		11168338

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32079014	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32079014
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	184874	
(6) Bank or trust company trustee/custodial fees	2i(6)	289044	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1736706	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2210624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34289638

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-23121300
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545313.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information 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). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CRH AMERICAS PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CRH AMERICAS, INC.				D Employer Identification Number (EIN) 95-3298140	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 38-1561860					
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	66
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>19.90</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>75.10</u> % High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: <u>0.60</u> % Other: <u>4.40</u> % 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
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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 <u>02 / 28 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q705203A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CRH AMERICAS PENSION PLAN	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CRH AMERICAS, INC.	D Administrator's EIN 95-3298140	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer CRH AMERICAS, INC.	2b EIN 95-3298140	2c Percentage of Total Contributions for the Plan Year 100.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer BUCHANAN MARINE LP	2b EIN 06-1372054	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

CRH Americas Pension Plan

Employer ID No: 95-3298140

Plan Number: 001

Financial Statements as of December 31, 2024 and 2023,
and for the Year Ended December 31, 2024, Supplemental
Schedules as of and for the Year Ended December 31,
2024, and Independent Auditor's Report

CRH AMERICAS PENSION PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
CRH Americas Pension Plan

Opinion

We have audited the financial statements of CRH Americas Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, and supplemental schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

October 10, 2025

CRH AMERICAS PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Cash	\$ 2,338	\$ -
Investments—at fair value	426,209,012	447,982,449
Total investments	426,211,350	447,982,449
Receivables:		
Accrued income	300,412	303,893
Due from broker	835	1,354,022
Total receivables	301,247	1,657,915
Total assets	426,512,597	449,640,364
LIABILITIES—Due to broker	295,266	301,733
Total liabilities	295,266	301,733
NET ASSETS AVAILABLE FOR BENEFITS	\$ 426,217,331	\$ 449,338,631

See accompanying notes to financial statements.

CRH AMERICAS PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024

INVESTMENT INCOME:

Interest and dividends	\$ 4,833,394
Net appreciation in fair value of investments	<u>6,334,944</u>

Net investment income	<u>11,168,338</u>
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DEDUCTIONS:

Benefit payments	(32,079,014)
Administrative expenses	<u>(2,210,624)</u>

Total deductions	<u>(34,289,638)</u>
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DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(23,121,300)
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NET ASSETS AVAILABLE FOR BENEFITS—Beginning of year	<u>449,338,631</u>
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NET ASSETS AVAILABLE FOR BENEFITS—End of year	<u><u>\$ 426,217,331</u></u>
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See accompanying notes to financial statements.

CRH AMERICAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of the CRH Americas Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General—The Plan is a qualified, defined benefit plan which covers various employees from a number of CRH Americas, Inc. (the “Company”) subsidiaries. The Plan covers substantially all hourly or salaried employees that are not covered by a collective bargaining agreement of Callanan Industries, Inc.; hourly compensated Callanan Industries, Inc. plant employees covered by a collective bargaining agreement; Dolomite Products Company, Inc. employees not covered by a collective bargaining agreement; Pennsy Supply, Inc. employees represented by Laborers International Union of North America and its Local 471, AFL-CIO; Pike Industries, Inc. employees; P.J. Keating Company employees not covered under a collective bargaining agreement and hourly employees of Roads Paving, Inc.; and Tilcon, Inc. employees. Effective December 31, 2012, the Plan was amended to cover substantially all hourly and salaried employees of American Stone-Mix, Inc., and collectively bargained and full-time salaried and office employees of Glen-Gery Corporation.

Effective December 31, 2013, the Plan was amended to merge the Allied Building Products Corp. Local 107 Retirement Plan (the “Allied Plan”) into the Plan and to cover all collectively bargained employees of Allied Building Products Corp. Effective, May 31, 2015, the Plan was amended to revoke those provisions which were adopted on April 29, 2015, which provided for the cessation of benefit accruals with respect to employees who are employed by Allied Building Products, Inc. and are members of the bargaining unit represented by Teamsters Local 107 at the Levittown location. The provisions adopted on April 29, 2015, that effected the freeze for employees of Allied Building Products Corp. who had not become participants as of May 31, 2015, shall continue in full force.

Effective December 31, 2011, no new participants will be admitted to the Plan and current participants will not accrue any additional credited service toward a retirement benefit. Benefits will be based on the benefit formula in effect as of that date. Participants in the Allied Plan which merged into the Plan on December 31, 2013, continued to accrue benefits. However, effective May 1, 2015, the Plan was frozen to new entrants and credited service and benefit accruals were frozen for those Allied Plan participants who were Teamsters Local 107 members employed at Levittown.

Effective January 1, 2018, the Plan was amended to remove Glen-Gery Corporation as an employer due to the sale of Glen-Gery Corporation in 2016 and to clarify that current employees of Glen-Gery Corporation who were participants in the Plan on the date of the sale will continue to be credited with vesting service for purposes of determining eligibility for early or disability retirement. Effective December 31, 2018, the Lyman-Richey Corporation Employees Restated Retirement Plan, the Ash Grove Materials Retirement Plan, the Ash Grove Salaried Retirement Plan, and the Ash Grove Wage Retirement Plan were merged into the Plan.

Effective January 1, 2022, the Plan was amended to increase the collectively bargained rates for the Foreman and Teamsters unions within the Ash Grove Wage Retirement Plan.

Effective January 1, 2023, the Plan was amended to increase the collectively bargained monthly pension factor rates for IBEW, Louisville, Montana City, and Rivergate within the Ash Grove Wage Retirement Plan.

Effective January 1, 2024, the Plan was amended to increase the collectively bargained monthly pension factor rates for Durkee and IAM Union withing the Ash Grove Retirement Plan.

Effective March 14, 2024, the Plan was amended to clarify certain legacy plan provisions for various groups under the plan.

During 2024, the Plan was updated to increase the collectively bargained monthly pension factor rates for the Foreman union within the Ash Grove Wage Retirement Plan.

Pension Benefits

The following describes the pension benefits of the subplans under the Plan:

CRH Americas Pension Plan—A participant's vested percentage will be 100% upon the completion of five years of vesting service except for employees of Pike Industries, Inc. and P.J. Keating Company whose vesting percentage is based on a seven-year table. Eligible participants are entitled to pension benefits beginning at normal retirement age which is generally 65. However, for former participants in the Tilcon Plan from Trap Rock, the normal retirement age is 62. For former participants in the Allied Plan, the normal retirement age is the earlier of the age of 57 and 20 years of service or age of 65 and five years of participation. The Plan permits early retirement at ages 55–64. Participants may elect to receive an optional form of benefit. If the present value of a participant's vested accrued benefit is under a minimum amount as defined by the employers in the Plan, the participant will receive a lump-sum payment.

Lyman-Richey Corporation Employees Restated Retirement Plan—Eligible employees are entitled to monthly pension benefits beginning at normal retirement age (65). Employees may elect to receive their pension benefits in the form of an annuity, a joint and survivor annuity, or in certain situations, in a lump sum. The Plan permits early retirement at ages 55 to 64 if a participant has accumulated

15 years of service. If a participant elects early retirement, monthly pension benefits are reduced prior to age 65. The Plan also permits late retirement, in which no pension benefits shall be paid until after the late retirement date. The Plan allows participants with a vested accrued benefit less than \$25,000 to elect to receive their pension benefit in the form of a lump sum provided the participants have terminated employment, are qualified for early or normal retirement, and have not begun to receive payment of plan benefits. Participants were 100% vested as of December 31, 2018.

Ash Grove Materials Retirement Plan—Monthly retirement benefits are based on years of credited service and compensation for the 60 consecutive months preceding retirement. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The amount is the participant's accrued benefit (100% vested) on the date of termination. Payment of the deferred vested pension is subject to the same terms as regular pension benefits. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The Plan provides for normal retirement benefits

upon reaching age 65 and has provisions for early retirement benefits after attaining age 55 and completing 10 years of service.

Ash Grove Salaried Retirement Plan—Monthly retirement benefits are based on years of credited service and compensation for the 60 consecutive months preceding retirement. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement benefits after attaining age 55 and completing 10 years of service or completing 30 years of service regardless of age.

Ash Grove Wage Retirement Plan—Monthly retirement benefits are based on years of credited service multiplied by the factor outlined in an employee's collective bargaining agreement. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The amount is the participant's accrued benefit (100% vested) on the date of termination. Payment of the deferred vested pension will begin on the participant's normal retirement date. Payment may begin after age 55, in which case the pension amount is reduced by an actuarially determined amount for each month the pension payment date precedes the normal retirement date.

Death Benefits—In the event of the death of a participant prior to the date that they begin to receive a monthly pension benefit under the Plan, the participant's surviving spouse, if any, or designated beneficiary, will be entitled to receive a pension benefit.

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 of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of plan benefits to the participants and beneficiaries of the Plan in the order of priority determined in accordance with ERISA, applicable regulations thereunder, 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's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates—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; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan provides various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumption 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.

Concentrations of Investments—The Plan’s investments in the following funds accounted for greater than 10% of the total investments as of December 31, 2024 and 2023:

	2024	2023
LIGMA LONG DURATION US CREDIT FUND LLC	23%	26%
CF WTC-CIF II US INV GRADE INTERMEDIATE CORPORATE	17%	15%
CF SSGA LONG US TREASURY INDEX NL	14%	13%

Investment Valuation and Income Recognition—The Plan’s investments are reported at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid by to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Benefit Payments—Benefit payments to participants are recorded when paid.

Administrative Expenses—The Plan’s trustee fees, investment management fees, and certain administrative expenses are paid by the Plan as provided in the Plan document and are reflected in the financial statements as administrative expenses of the Plan. The Company provides accounting and other administrative services to the Plan at no charge.

Subsequent Events—Subsequent events have been evaluated through October 10, 2025, the date the financial statements were available to be issued. During 2025 the plan was updated to increase the collectively bargained monthly pension factor rates for the Durkee and the Rivergate unions within the Ash Grove Wage Retirement Plan.

3. FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1—Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2—Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3—Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trusts—Valued at the NAV of units of a collective trust. The NAV, as provided by the fund managers, 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 trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner. All collective trusts held by the Plan are direct filing entities and have no unfunded commitments. The collective trusts provide for daily redemptions by the Plan at reported NAVs per share, with no advance notice requirement.

Limited Partnerships—Limited partnerships are valued at fair value by using the NAV provided by the general partners and are updated, if necessary, using analytical procedures, appraisals, public market data, and/or inquiry of the general partners. The NAV, as provided by the general partners, 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 partnership less its liabilities. The unfunded commitments, the investment objectives, and redemption restrictions of these limited partnerships are shown below:

Limited Partnerships	Objective/Holding Strategy	Unfunded Commitments	Redemption Restrictions
Alcentra European Credit Opportunities Fund II	To generate attractive risk-adjusted returns through a blend of capital appreciation and current income.	\$3,097,057	Not redeemable. Fund has a six-year term.

Limited Liability Companies—Valued based on the NAV per share. The NAV, as provided by the fund managers based on the audited financial statement of the fund, 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. There are no unfunded commitments on these investments. The objective of the LGIMA Long Duration US Credit Fund, LLC is to outperform the Bloomberg Barclays Capital Long US Credit Index by investing assets in a diversified pool of long duration U.S. investment grade assets while seeking to maximize total return through a combination of income and capital appreciation. The objective of the Pacific Diversified Strategies, LLC is to seek capital appreciation with an attractive risk-adjusted rate of return over a complete market cycle. The other limited liability company is a direct filing entity. The redemption restrictions of these investments are shown below:

Limited Liability Companies	Redemption Restrictions
Pacific Diversified Strategies, LLC	Quarterly with 90-day written notice
LGIMA Long Duration US Credit Fund, LLC	One business day with advance written notice
Acadian Non-US All CAP Equity Fund	10 business days with advance written notice

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

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements as of December 31, 2024 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Investments - mutual funds	\$ 16,558,488	\$ -	\$ -	\$ 16,558,488
Total investments in fair value hierarchy	16,558,488	-	-	16,558,488
Investments measured at NAV*:				
Collective trusts	-	-	-	297,823,994
Limited liability companies	-	-	-	110,272,283
Limited partnerships	-	-	-	1,554,247
Total investments measured at NAV	-	-	-	409,650,524
Total investments—at fair value	\$ 16,558,488	\$ -	\$ -	\$ 426,209,012

	Fair Value Measurements as of December 31, 2023 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Investments - mutual funds	\$ 11,430,666	\$ -	\$ -	\$ 11,430,666
Total investments in fair value hierarchy	11,430,666	-	-	11,430,666
Investments measured at NAV*:				
Collective trusts	-	-	-	307,636,796
Limited liability companies	-	-	-	126,627,550
Limited partnerships	-	-	-	2,287,437
Total investments measured at NAV	-	-	-	436,551,783
Total investments—at fair value	\$ 11,430,666	\$ -	\$ -	\$ 447,982,449

* Investments measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future payments that 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 (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Milliman, Inc. 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 at December 31, 2024 and 2023, are presented using end-of-year benefit information date. The actuarial present value of accumulated plan benefits is measured as of January 1, 2025 and 2024, which is a proxy for December 31, 2024 and 2023, respectively. As a result, the effect of Plan amendments on accumulated plan benefits effective on January 1 as disclosed in Note 1 is recognized in the actuarial present value of accumulated plan benefits below.

The accumulated plan benefit information as of December 31, 2024 and 2023, is presented below:

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 271,046,449	\$ 278,372,494
Other participants	<u>153,662,607</u>	<u>170,185,702</u>
	424,709,056	448,558,196
Nonvested benefits	<u>2,719,246</u>	<u>2,884,717</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 427,428,302</u></u>	<u><u>\$ 451,442,913</u></u>

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, are as follows:

Actuarial present value of accumulated plan benefits-December 31, 2023	\$ 451,442,913
Increase (decrease) attributable to:	
Change in average discount period	23,958,995
Benefits accumulated	1,296,856
Actuarial loss	2,389,453
Benefits paid	(32,079,014)
Plan amendments	159,787
Change in actuarial assumptions	<u>(19,740,688)</u>
Net decrease	<u>(24,014,611)</u>
Actuarial present value of accumulated plan benefits-December 31, 2024	<u><u>\$ 427,428,302</u></u>

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023, were as follows:

Assumed Rate of Return:	2024: 6.00% 2023: 5.50%
Mortality:	2024: Pri-2012 Blue Collar Data Set Retiree/Employee Sex-Distinct Mortality Tables and the Contingent Survivor Tables for all beneficiaries, with full generational projection using Scale MP-2021. No pre-retirement mortality is assumed for former participants of the Callanan Industries, Inc., P.J. Keating Company and Allied Plan. 2023: Pri-2012 Blue Collar Data Set Retiree/Employee Sex-Distinct Mortality Tables and the Contingent Survivor Tables for all beneficiaries, with full generational projection using Scale MP-2021. No pre-retirement mortality is assumed for former participants of the Callanan Industries, Inc., P.J. Keating Company and Allied Plan.
Retirement Rates:	Varying rates based on age and location/subplans, starting at age 55 through age 67.
Withdrawal Probabilities	Varying rates based on age and location/subplans.

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

5. EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor's ("DOL") regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management, trustee, and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Certain Plan investments are shares of collective trust funds issued by The Northern Trust Company, the Plan's trustee, and therefore these transactions constitute party-in-interest transactions.

6. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 30, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. In December 2016, the IRS began publishing a Required Amendments List ("List") for individually designed plans which specifies changes in qualification requirements. The List is published annually and requires plans to be amended for each item on the List, as applicable, to retain its tax-exempt status. The Plan has been subsequently amended since the date of the most recent determination letter; however, Plan management believes that the Plan and the related trust are currently designed, have been amended, and are being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. FUNDING POLICY

The annual contributions payable by the Company to the Plan to fund plan benefits are intended to provide specific levels of monthly retirement income to participants. The amounts contributed by the Company are determined by the Plan's actuary using standards set forth in ERISA. The Company made no such contributions in 2024 and 2023.

* * * * *

SUPPLEMENTAL SCHEDULES

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

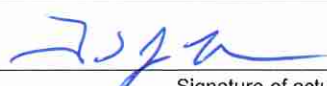
Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CRH Americas Pension Plan	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CRH Americas, Inc.	D Employer Identification Number (EIN) 95-3298140

E Type of plan: Single Multiple-A Multiple-B Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information			
1 Enter the valuation date: Month 1 Day 1 Year 2024			
2 Assets:			
a Market value	2a	449,338,631	
b Actuarial value	2b	488,769,841	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,666	292,299,281	292,299,281
b For terminated vested participants	1,310	71,431,356	71,431,356
c For active participants	1,647	108,661,933	111,679,510
d Total	4,623	472,392,570	475,410,147
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.16 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,280,046	
b Expected plan-related expenses	6b	2,084,000	
c Target normal cost	6c	3,364,046	

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

SIGN HERE  Signature of actuary Timothy J Nugent, FSA, EA, MAAA Type or print name of actuary Milliman, Inc. Firm name 801 Cassatt Road Suite 111 Berwyn PA 19312 Address of the firm	10/7/2025 Date 23-07099 Most recent enrollment number (610) 975-5051 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	29,837,217	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	5,115,089	0
9 Amount remaining (line 7 minus line 8)	24,722,128	0
10 Interest on line 9 using prior year's actual return of <u>9.32%</u>	2,304,102	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	27,026,230	0

Part III Funding Percentages

14 Funding target attainment percentage	14	97.12%
15 Adjusted funding target attainment percentage	15	102.81%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.37%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....

b Contributions made to avoid restrictions adjusted to valuation date.....

c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....

19a

19b

19c

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....

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

☒ Yes ☐ No

☒ Yes ☐ No

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6c)	31a	3,364,046										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td></td> <td></td> </tr> <tr> <td>b Waiver amortization installment.....</td> <td></td> <td></td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment			b Waiver amortization installment.....		
	Outstanding Balance	Installment										
a Net shortfall amortization installment												
b Waiver amortization installment.....												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	3,364,046										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		3,364,046	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											
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
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CRH Americas Pension Plan
EIN 95-3298140, PN 001

2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age for active participants is 63.39. This equals the sum, over all retirement ages of the current active participants, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a)	(b)	(c)	(d)	(e)
Age	Expected Active Headcount	Retirement Rate	(b) x (c) Expected Retirements	(a) x (d) Weighted Age
55	655.9738	0.0519	34.0366	1,872.0152
56	683.5660	0.0274	18.7345	1,049.1299
57	732.7076	0.0276	20.1914	1,150.9074
58	742.5300	0.0271	20.1038	1,166.0176
59	786.8684	0.0275	21.6159	1,275.3366
60	828.7223	0.0689	57.1191	3,427.1471
61	832.3186	0.0610	50.7377	3,094.9989
62	828.7403	0.2803	232.2821	14,401.4925
63	657.6230	0.1758	115.6428	7,285.4950
64	580.2773	0.1098	63.7172	4,077.9033
65	566.2305	0.9029	511.2300	33,229.9508
66	99.5681	0.6698	66.6883	4,401.4279
67	49.5926	1.0000	49.5926	3,322.7027
68	12.0000	1.0000	12.0000	816.0000
69	6.0000	1.0000	6.0000	414.0000
70	8.0000	1.0000	8.0000	560.0000
71	5.0000	1.0000	5.0000	355.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	1.0000	74.0000
75	1.0000	1.0000	1.0000	75.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	<u>1.0000</u>	<u>79.0000</u>
Total			1,296.6919	82,200.5251
Average				63.39

CRH Americas Pension Plan
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2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the adjusted fair market value of assets over two years using three data points, not less than 90% nor greater than 110% of market value of assets on the valuation date, as permitted under IRS Notice 2009-22. The asset valuation method was changed effective January 1, 2023. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and related shortfall amortization payment is determined on the first valuation date following the Plan Year in which it arises based on the segment rates used for ERISA minimum funding purposes on that data, as prescribed under IRC Section 430.

Summary of Actuarial Assumptions

Economic Assumptions

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Minimum Funding	
Segment 1 (0–5 years)	4.75%
Segment 2 (5–20 years)	4.96%
Segment 3 (20+ years)	5.59%
Effective Interest Rate	5.16%

ERISA minimum funding purposes: 24-month average segment rates, using a zero-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Expected Return on Assets: 5.50%, compounded annually.

Inflation (CPI)

2.35%, compounded annually.

Demographic and Other Noneconomic Assumptions

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality

ERISA minimum funding mortality: Generational mortality per code section 1.430(h)(3)-(1). No pre-retirement mortality is assumed for former participants of the Callanan Salaried, PJ Keating, and Allied 107 plans.

Retirement

Assumption: Active and terminated vested participants are assumed to retire on or after their Normal Retirement Date, or when eligible for early retirement based on age and service where applicable, based on their former plan, as follows:

Age	Ash Grove	Callanan Salaried Accelerated	Lyman-Richey	Tilcon - Trap Rock	All Others *
55	3.00%	20.00%	4.00%	10.00%	10.00%
56	3.00%	10.00%	4.00%	1.00%	2.00%
57	3.00%	10.00%	4.00%	5.00%	2.00%
58	3.00%	10.00%	4.00%	1.00%	2.00%
59	3.00%	10.00%	4.00%	5.00%	2.00%
60	10.00%	40.00%	10.00%	5.00%	2.00%
61	10.00%	20.00%	5.00%	10.00%	2.00%
62	40.00%	60.00%	25.00%	100.00%	15.00%

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Age	Ash Grove	Callanan Salaried Accelerated	Lyman-Richey	Tilcon - Trap Rock	All Others *
63	30.00%	20.00%	15.00%	100.00%	10.00%
64	20.00%	20.00%	15.00%	100.00%	5.00%
65	100.00%	100.00%	50.00%	100.00%	100.00%
66	100.00%	100.00%	50.00%	100.00%	100.00%
67	100.00%	100.00%	100.00%	100.00%	100.00%

* Please note that former Allied participants are assumed to retire 100% on their Normal Retirement Date is defined as the earlier of (i) age 57 with 20 years of service, and (ii) age 65 with five years of participation.

Termination

Annual rates of withdrawal, based on their former plan. For “All Other” participants, rates of withdrawal are based on the T-3 Table from the Pension Actuary Handbook. Illustrative rates are as follows:

Age	Ash Grove Materials	Ash Grove Salaried	Ash Grove Wage	Lyman-Richey	All Others
20	26.73%	13.37%	14.58%	5.44%	6.58%
30	17.05%	8.53%	9.30%	5.07%	4.84%
40	10.34%	5.17%	5.64%	3.50%	3.85%
50	6.16%	3.08%	3.36%	1.00%	1.53%
60	3.30%	1.65%	1.80%	1.00%	0.00%

Disability

For former American Stone-Mix Hourly, Glen-Gery Hourly, and Tilcon participants, when eligible, disability rates are as follows:

Age	Male	Female
20	0.29%	0.43%
25	0.28%	0.42%
30	0.27%	0.41%
35	0.29%	0.43%

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Age	Male	Female
40	0.32%	0.49%
45	0.41%	0.61%
50	0.57%	0.86%
55	0.87%	1.30%
60	1.36%	2.04%
65 and over	0.00%	0.00%

For former Ash Grove (Materials, Salaried, and Wage) participants, when eligible, disability rates are as follows:

Age	Male	Female
20	0.06%	0.08%
25	0.07%	0.09%
30	0.08%	0.11%
35	0.10%	0.16%
40	0.14%	0.22%
45	0.22%	0.31%
50	0.41%	0.49%
55	0.78%	0.75%
60	1.19%	0.96%
65 and over	0.00%	0.00%

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Administrative Expenses

\$2,084,000, payable mid-year. Estimated current year administrative expenses plus the expected PBGC Premium, rounded to the nearest \$1,000.

CRH Americas Pension Plan
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2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Marital Characteristics

For participant not in pay status: The below percentages are assumed based on their former plan. Male participants are assumed to have a female spouse who is 3 years younger and female participants are assumed to have a male spouse who is 3 years older.

- For former American Stone-Mix (both plans), Dolomite, Glen-Gery (both plans), Pennsy, Pike, and Tilcon participants: 80% are assumed to be married.
- For former Ash Grove participants: 80% of males and 60% of females are assumed to be married.
- For all other participants: 100% of participants are assumed to be married.

For participants in pay status, actual birth dates of spouses are included in the census data, where relevant.

Form of Payment

100% of the active and terminated vested participants are assumed to elect the normal form option as defined by their former plan, except for former Allied and Lyman-Richey participants who are eligible for a full lump sum payment, they are assumed to take their benefit as a lump sum.

Benefits were converted to a lump sum for retiring members using interest rates as permitted under 430(h)(2) and Applicable Mortality as required under 417(e)(3) for benefits paid during 2024 under PPA.

Participant Data

As of January 1, 2024.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2024 Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Basic Information

Plan Name: CRH Americas Pension Plan

Effective Date of Plan: December 1, 1951.

EIN/PN: 95-3298140/001.

Effective Date of Last Amendment: January 1, 2019.

Plan Year: January 1 – December 31.

Common Provisions

Employee Contribution: None. Plan is funded entirely by employer contributions.

Maximum Benefit: The maximum plan benefit is limited as required by IRC Section 415(b).

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2024 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Allied Building Products Corporation Local 107 Retirement Plan

Employees: All employees covered under the collective bargaining agreement with Teamsters Local 107.

Eligibility: January 1 coincident with or next following the date of hire.

Benefit Service: 1,000 Hour Rule. No additional service will be earned for service after January 2, 2018.

Vesting Service: 1,000 Hour Rule. No additional service will be earned for service performed with Allied Building Products after January 2, 2018.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month coinciding with or next following the earlier of (i) the later of age 57 and 20 years of service and (ii) age 65 and five years of participation.

Normal Retirement Benefit: For employees in Philadelphia, Parkwood, and Glenolden, \$1,500 per month, prorated for less than 20 years of service. For employees in Levittown, \$1,350 (\$1,450 as of February 1, 2014) per month, prorated for less than 20 years of service.

No additional benefit accruals will be earned after January 2, 2018.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date and prorated based on years of service remaining until Normal Retirement Date.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

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Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: For married Participants: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after the retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 66 2/3%, 75%, 100%), 10 yr certain and life annuity, Lump Sum.

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.0% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Retirement Plan for Hourly Paid Employees of American Stone-Mix Inc.

Employees: Hourly employees of American Stone-Mix, Inc.

Eligibility: The Plan was frozen to new Non-Union participants on December 1, 2003, Union 560 participants on March 31, 2004, Union 743 and CPU participants on March 31, 2005, Union 247 participants on April 30, 2005, and Union 170 participants on June 30, 2005.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 60 consecutive Calendar months (during the last 120 months of employment) for which Compensation was highest divided by 5. All fractional Compensation Periods will be taken into account.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Compensation earned after the applicable freeze date is excluded in determining a Participant's Average Compensation

Benefit Service: Elapsed Time Method. No additional service will be earned for service after the applicable freeze date.

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month coinciding with or next following age 65 and the fifth anniversary of participation.

Normal Retirement Benefit: 1.00% of Average Compensation below \$7,800 plus 1.125% of Average Compensation in excess of \$7,800 multiplied by Benefit Service.

No additional benefit accruals will be earned after June 30, 2005.

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Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 and 5 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced according to the following table:

Age	Factor
65	100%
64	96%
63	92%
62	88%
61	84%
60	78%
59	74%
58	68%
57	62%
56	56%
55	50%

Disability Retirement

Disability Retirement Date: For Non-Union participants, completion of 10 years of Benefit Service. For Union participants, age 40 and 10 years of Benefit Service or, if earlier, 15 years of Vesting Service.

Disability Retirement Benefit: For Non-Union participants, the accrued benefit beginning at Normal Retirement Date assuming continued employment and level future earnings until Normal Retirement Date. For Union participants, the unreduced accrued benefit beginning at the Disability Retirement Date.

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Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: For married Participants: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after the retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 66 2/3%, 75%, 100%), 5 yr, 10 yr, and 20 yr certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 9.0% per annum, compounded annually.

Mortality: The Mortality Table set forth in Rev. Rul. 2001-62.

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Former Plan Basic Information

Plan Name: Retirement Plan for Salaried Employees of American Stone-Mix Inc.

Employees: Salaried employees of American Stone-Mix, Inc.

Eligibility: The Plan was frozen to new participants on December 31, 2003.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 60 consecutive Calendar months (during the last 120 months of employment) for which Compensation was highest divided by 5. All fractional Compensation Periods will be taken into account.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Compensation earned after December 31, 2003 is excluded in determining a Participant's Average Compensation

Benefit Service: Elapsed Time Method. No additional service will be earned for service after December 31, 2003.

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month coinciding with or next following age 65 and the fifth anniversary of participation.

Normal Retirement Benefit: 1.00% of Average Compensation multiplied by Benefit Service up to 35 years plus 1.25% of Average Compensation multiplied by Benefit Service in excess of 35 years plus 0.55% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service up to 35 years.

No additional benefit accruals will be earned after December 31, 2003.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

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Early Retirement

Early Retirement Date: Age 55 and 5 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced according to the following table:

Age	Factor
65	100%
64	96%
63	92%
62	88%
61	84%
60	78%
59	74%
58	68%
57	62%
56	56%
55	50%

Disability Retirement

Disability Retirement Date: Completion of 10 years of Benefit Service.

Disability Retirement Benefit: The accrued benefit beginning at Normal Retirement Date assuming continued employment and level future earnings until Normal Retirement Date.

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Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: For married Participants: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after the retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 66 2/3%, 75%, 100%), 5 yr, 10 yr, and 20 yr certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 9.0% per annum, compounded annually.

Mortality: The Mortality Table set forth in Rev. Rul. 2001-62.

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Former Plan Basic Information

Plan Name: Ash Grove Materials Retirement Plan

Employees: Ash Grove Materials Corporation employees not covered by a Collective Bargaining Agreement.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service and age 21. The Plan is closed to new Participants hired on or after October 1, 2009.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The final 60 consecutive Calendar months divided by 5.

Compensation earned after December 31, 2018 is excluded in determining a Participant's Average Compensation.

Benefit Service: Elapsed Time Method. No additional service will be earned for service after December 31, 2018.

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

Normal Retirement Benefit: 1.00% of Average Compensation multiplied by Benefit Service up to 30 years.

No additional benefit accruals will be earned after December 31, 2018.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 and 10 years of vesting service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 0.5% for each month that his Early Retirement Date precedes his Normal Retirement Date.

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Disability Retirement

Disability Retirement Date: Eligible for Social Security Disability Benefit and completion of 10 years of Vesting Service.

Disability Retirement Benefit: Actuarial equivalent (applying early retirement reductions) of the accrued benefit payable at Normal Retirement.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after he retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Joint and Contingent (50%, 66 2/3%, 75%, 100%), Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7% per annum, compounded annually.

Mortality: RP-2000 Male Mortality Table.

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Former Plan Basic Information

Plan Name: Ash Grove Salaried Retirement Plan

Employees: Ash Grove Cement Corporation employees not covered by a Collective Bargaining Agreement.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service and age 21. There will be no new participants allowed in the Plan after December 31, 2015.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 60 consecutive months (during the last 120 months of employment) for which Compensation was highest divided by 5.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Compensation earned after December 31, 2015 is excluded in determining a Participant's Average Compensation.

Benefit Service: Elapsed Time Method. No additional service will be earned for service after December 31, 2015.

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: 1.38% of Average Compensation multiplied by Benefit Service up to 30 years years plus 0.40% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service up to 30 years.

A participant may elect, in lieu of the Normal Retirement Benefit, a lump sum payment of the Participant's Contribution Accumulation plus an annuity equal to Benefit Service multiplied by the greater of \$25 or the highest dollar credit under the former Ash Grove Wage Retirement Plan.

No additional benefit accruals will be earned after December 31, 2015.

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Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 and 10 years of vesting service or 30 years of vesting service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 0.50% for each month that his Early Retirement Date precedes his Normal Retirement Date.

However, if an active participant retires at his Early Retirement Date, the reduction above is replaced with 0.3%.

No reduction if age 60 with 30 years of vesting service.

Disability Retirement

Disability Retirement Date: Eligible for Social Security Disability Benefit and completion of 10 years of Vesting Service.

Disability Retirement Benefit: Actuarial equivalent (applying early retirement reductions) of the accrued benefit payable at Normal Retirement.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

As of December 31, 2015, all active participants are 100% vested.

Termination Benefit: Accrued benefit payable at Normal Retirement.

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Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after he retired.

For active participants who pass away after age 65, a pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 100% Survivor Pension, and died on the day after he retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Joint and Contingent (50%, 66 2/3%, 75%, 100%), 10 yr certain and life annuity (for North Texas participants only), Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7% per annum, compounded annually.

Mortality: RP-2000 Male Mortality Table.

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Former Plan Basic Information

Plan Name: Ash Grove Wage Retirement Plan

Employees: Ash Grove Cement Corporation employees covered by a Collective Bargaining Agreement.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service.

Compensation: N/A

Average Compensation: N/A

Benefit Service: Elapsed Time Method except for those at the Durkee location. Participants at the Durkee location accrue a year of service for each Plan Year in which the participant works 1,200 hours with partial credit if under that amount.

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

Normal Retirement Benefit: Monthly pension factor determined by the Participant's Collective Bargaining Agreement in force at the time multiplied by Years of Benefit Service.

As of January 1, 2024, the collectively bargained rates are as follows:

Union (CBA Effective Date)	Rates			
	2024	2025	2026	2027
Chanute (7/1/2020 – 6/30/2025)	41.50	42.00	42.00	42.00
Durkee, IAM (8/1/2023 – 7/31/2027)	41.50	42.00	42.50	43.00
Durkee, IBEW (8/1/2022 – 7/31/2025)	42.00	42.50	42.50	42.50
Durkee, Teamsters (8/1/2021 – 7/31/2026)	41.00	41.50	42.50	42.50
Foreman (8/1/2021 – 7/31/2024)	43.00	43.00	43.00	43.00
Louisville (7/1/2022 – 6/30/2026)	41.50	42.00	42.50	42.50

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Montana City (12/1/2022 – 11/30/2025)	43.00	44.00	44.00	44.00
Rivergate (3/1/2022 – 2/28/2025)	42.00	42.50	42.50	42.50

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 and 10 years of vesting service or 30 years of vesting service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 0.30% for each month that his Early Retirement Date precedes his Normal Retirement Date.

Participants with 30 years of vesting service have no reduction in their benefit.

Disability Retirement

Disability Retirement Date: Disability determination is made by a licensed physician, but requires 10 years of vesting service.

Disability Retirement Benefit: Greater of the accrued benefit payable at Normal Retirement or \$450 per month.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

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Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 66 2/3% Survivor Pension, and died on the day after he retired.

If the participant is eligible for Early Retirement at the date of death, then the surviving spouse shall receive at least \$75 per month until the beneficiary reaches age 62, when it is reduced to the amount calculated above.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Joint and Contingent (50%, 66 2/3%, 75%, 100%), Lump Sum (if under \$5,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7% per annum, compounded annually.

Mortality: RP-2000 Male Mortality Table.

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Former Plan Basic Information

Plan Name: Callanan Industries, Inc. Plant Employees' Pension Plan

Employees: Callanan Industries, Inc. Plant employees compensated on an hourly basis covered by a collective bargaining agreement.

Eligibility: First day of the month which coincides with or next follows the employment commencement date. The Plan is closed to new Participants as of December 31, 2011.

Compensation: N/A

Average Compensation: N/A

Benefit Service: 1,000 Hour Rule with partial credit if at least 500 hours. No additional service will be earned for service after December 31, 2011.

Vesting Service: 1,000 Hour Rule with partial credit if at least 500 hours.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

Normal Retirement Benefit: \$26 per month multiplied by Years of Benefit Service.

No additional benefit accruals will be earned after December 31, 2011.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 and 25 years of vesting service or age 62 and 10 years of vesting service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, then by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

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Disability Retirement

Disability Retirement Date: Eligible for Social Security Disability Benefit. Benefit may begin the first of the month coincident with or next following the date of disability.

Disability Retirement Benefit: Actuarial equivalent of the accrued benefit payable at Normal Retirement.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: For married Participants: A pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after the retired.

For unmarried Participants: The beneficiary of an unmarried participant will receive the actuarial equivalent benefit that would have been payable had the participant retired on the day before death and elected a 5 Year Certain and Life Annuity.

Forms of Payment

Normal Forms: 5 Year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Joint and Contingent (50%, 75%, 100%,) Joint and Contingent with Pop-up (50%, 100%), 5 yr and 10 yr certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.5% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Callanan Industries, Inc. Salaried Employees' Pension Plan

Employees: Callanan Industries, Inc. Salaried or hourly employees not covered by a collective bargaining agreement.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service. There will be no new participants allowed in the Plan after December 31, 2009.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 60 consecutive Calendar months for which Compensation was highest divided by 5. All fractional Compensation Periods will be taken into account.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Compensation earned after December 31, 2009 is excluded in determining a Participant's Average Compensation.

Benefit Service: Elapsed Time Method. All years of service included except for periods with a Related Employer that does not participate in this plan and service as an hourly paid office employee prior to February 29, 1980.

No additional Years of Benefit Service shall be credited to any Participant after December 31, 2009.

Vesting Service: Elapsed Time Method. All years of service included.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65 and 5 years of participation.

Normal Retirement Benefit: 1% of Average Monthly Compensation times Years of Benefit Service plus 0.6% of Excess Average Monthly Compensation times Years of Benefit Service (Not to exceed 35 years).

No additional benefit accruals will be earned after December 31, 2009.

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Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, then by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

Accelerated Early Retirement

Early Retirement Date: Age 60 and 25 years of Benefit Service; OR Age 55 and 20 years of Benefit Service and 30 years of Vesting Service.

Early Retirement Benefit: A Participant's Accelerated Early Retirement Benefit is a monthly pension benefit equal to his accrued benefit determined as of his Early Retirement Date, reduced by 1/3 of 1% for each of the first 60 months that his Early Retirement Date precedes age 60.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: 100% of the Actuarial Equivalent of the Participant's Vested Accrued Benefit as of the date of death.

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Forms of Payment

Normal Forms: 10 Year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%,) Joint and Contingent with Pop-up (50%, 100%), 10 yr certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.5% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Retirement Plan for Employees of Dolomite Products, Company, Inc.

Employees: Dolomite Products Company, Inc. employees not covered by a collective bargaining agreement.

Eligibility: First day of January or July which coincides with or next follows the completion of one year of Eligibility Service. There will be no new participants allowed in the Plan after December 31, 2009.

Compensation: Total compensation which is subject to Federal withholding for tax purposes.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 5 Calendar years (during the last 20 years of employment) for which Compensation was highest divided by 5.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Compensation earned after December 31, 2009 is excluded in determining a Participant's Average Compensation.

Benefit Service: Elapsed Time Method. All years of service included except for the employees' first year of service.

No additional Years of Benefit Service shall be credited to any Participant after December 31, 2009.

Vesting Service: Elapsed Time Method. All years of service included.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: 1.152% of Average Monthly Compensation multiplied by Years of Benefit Service plus 0.65% of Excess Average Monthly Compensation multiplied by Years of Benefit Service up to a maximum of 35 years.

No additional benefit accruals will be earned after December 31, 2009.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

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Early Retirement

Early Retirement Date: Age 55 (plus 5 years of Vesting Service for those who become Participants after November 1, 2006).

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced actuarially to his Early Retirement Date.

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Participants prior to November 1, 2006 are 100% vested if termination occurs after age 55.

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

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Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%,) Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 2.50% per annum, compounded annually.

Mortality: 1951 GAM, 1 year setback for Participant, 6 year setback for Beneficiary.

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Former Plan Basic Information

Plan Name: Glen-Gery Corporation Hourly Employees' Pension Plan

Employees: Collectively bargained employees of Glen-Gery Corporation.

Eligibility: First day of the Plan Year coincident with or next following 1 Year of Eligibility Service. Each of six locations were frozen to new participants as of the respective date listed under Benefit Service. The Hanley Plant was frozen to new participants as of June 12, 2008.

Compensation: N/A

Average Compensation: N/A

Benefit Service: 1,000 hours, with partial years in increments of 0.1 year for each 160 hours worked. Employees at the Bigler location do not earn partial service for July 10, 2009 through December 31, 2009.

No additional Years of Benefit Service shall be credited to any Participant after the following freeze dates:

Annapolis, Maryland	January 1, 2000
Caledonia and Iberia, Ohio	March 1, 2006
Manassas, Virginia	May 1, 2006
Hanley Plant	April 15, 2011
Bigler and Clearfield, Pennsylvania	June 1, 2010

Vesting Service: 1,000 hours, with partial years in increments of 0.1 year for each 160 hours worked. Employees at the Bigler location do not earn partial service for July 10, 2009 through December 31, 2009.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: For active employees:

Location	Rate
Manassas, Virginia	14.50 for service prior to February 1, 1997 19.00 for service from February 1, 1997 to January 3, 2005 20.00 for service after January 3, 2005
Annapolis, Maryland	16.00
Alewine Block	25.00

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Hanley Plant	21.50 for service prior to December 1, 2003
	28.00 for service from December 1, 2003 to November 30 2004
	30.00 for service from December 1, 2004 to November 30 2005
	30.50 for service from December 1, 2005 to November 30 2006
	31.00 for service from December 1, 2006 to November 30 2008
	32.00 for service after December 1, 2008

No additional benefit accruals will be earned after April 15, 2012.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 with 10 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his accrued benefit determined as of his Early Retirement Date, reduced by 6.00% for each year that his Early Retirement Date precedes age 65. Hanley Plant participants are eligible for an unreduced benefit if they retire after attaining age 62 with 30 years of Benefit Service. For this purpose alone, Benefit Service continues to accrue beyond April 15, 2012.

Disability Retirement

Disability Retirement Date: Total disability with 10 years of Vesting Service.

Disability Retirement Benefit: The minimum of the Participant's Accrued Benefit or \$100, reduced by any state disability payments or Worker's Compensation benefits.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued Benefit payable at Normal Retirement.

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Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%), 10yr Certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.00% per annum, compounded annually

Mortality: 1984 Unisex Pension Mortality Table set forward 1 year.

For Hanley Plant participants employed prior to January 1, 1992:

Interest: 6.00% per annum, compounded annually.

Mortality: 1951 Group Annuity Mortality Table set back 5 years.

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Former Plan Basic Information

Plan Name: Glen-Gery Corporation Salaried Employees' Pension Plan

Employees: Full time salaried and office employees of Glen-Gery Corporation.

Eligibility: First day of the Plan Year coincident with or next following age 21 and 1 Year of Eligibility Service. The Plan was frozen to new participants on June 11, 2005.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 5 consecutive calendar years (during the last 10 years of employment) for which Compensation was highest divided by 5.

Compensation earned after June 11, 2005 is excluded in determining a Participants Average Compensation.

Benefit Service: 1,000 Hour Rule.

No additional years of Benefit Service shall be credited to any Participant after June 11, 2005.

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month coinciding with or next following age 65 and the fifth anniversary of participation.

Normal Retirement Benefit: 1.00% of Average Compensation for each year of Benefit Service earned prior to January 1, 1987 plus 1.25% of Average Compensation for each year of Benefit Service earned after December 31, 1986.

No additional benefit accruals will be earned after June 11, 2005.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

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Early Retirement

Early Retirement Date: Age 55 with 10 years of Vesting Service. Participants prior to January 1, 1992 are eligible at age 40 with 10 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his accrued benefit determined as of his Early Retirement Date, reduced by 6.00% for each year that his Early Retirement Date precedes age 65. Benefits starting prior to age 55 are reduced actuarially from age 55.

Disability Retirement

Disability Retirement Date: Permanent and total disability qualification under SSA.

Disability Retirement Benefit: The participant's unreduced Accrued Benefit.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

All active participants were 100% as of June 11, 2005.

Termination Benefit: Accrued Benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

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Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%), 10yr Certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.00% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Lyman-Richey Corporation Employees' Restated Retirement Plan

Employees: Lyman-Richey Corporation employees.

Eligibility: First day of January or July which coincides with or next follows the completion of one year of Eligibility Service. There will be no new participants allowed in the Plan after December 31, 2018.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 5 consecutive calendar years for which Compensation was highest divided by 5.

Compensation earned after December 31, 2018 is excluded in determining a Participant's Average Compensation.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of Covered Compensation.

Covered Compensation: \$1,414 per month for the 1989 Plan Year increased automatically by 5% per year thereafter (\$5,820 per month for 2018).

Benefit Service: 1,000 Hour Rule with partial credit for year of termination/retirement. No additional service will be earned for service after December 31, 2018.

Vesting Service: 1,000 Hour Rule with partial credit for year of termination/retirement.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

Normal Retirement Benefit: 1.00% of Average Compensation multiplied by Benefit Service (maximum of 35 years) plus 0.50% of Excess Average Compensation multiplied by Benefit Service (maximum of 35 years).

No additional benefit accruals will be earned after December 31, 2018.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

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Early Retirement

Early Retirement Date: Age 55 and 15 years of vesting service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, then by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: For terminated participants, a pension to the surviving spouse equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint and 50% Survivor Pension, and died on the day after he retired.

For active participants who pass away, 100% of the Actuarial Equivalent of the participant's accrued benefit as of the date of death, payable for 120 equal guaranteed monthly payments.

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Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Joint and Contingent (50%, 66 2/3%, 75%, 100%,), 5 yr, 10 yr, and 20 yr certain and life annuity, 5 yr, 10 yr, and 20 yr certain only annuity, Lump Sum (if under \$75,000 but unlimited if either age 65 or ages 62 through 64 with 30 years of service).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7% per annum, compounded annually.

Mortality: RP-2000 Male Mortality Table.

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Former Plan Basic Information

Plan Name: Pennsy Supply, Inc. Union Employees' Defined Benefit Plan

Employees: Pennsy Supply, Inc. employees represented by Laborers International Union of North America and its Local 471, AFL-CIO.

Eligibility: First day of January or July which coincides with or next follows the completion of one year of Eligibility Service. There will be no new participants allowed in the Plan after March 31, 2010.

Compensation: N/A

Average Compensation: N/A

Benefit Service: Elapsed Time Method. All service with Carmeuse Lime, Inc. and Pennsylvania Lime, Inc. earned until December 31, 2001 will also be recognized.

No additional Years of Benefit Service shall be credited to any Participant after March 31, 2010.

Vesting Service: Elapsed Time Method. .

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: \$25 multiplied by Years of Benefit Service since December 31, 2001 plus the Participant's frozen benefit from the Retirement Plan for Employees of Marblehead Lime Company.

No additional benefit accruals will be earned after March 31, 2010.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 with 10 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his accrued benefit determined as of his Early Retirement Date, reduced by 2.50% for each year that his Early Retirement Date precedes age 62.

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Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 66-2/3%, 75%, 100%,) Joint and Contingent with Pop-up (50%, 66-2/3%, 75%, 100%), 5yr and 10yr Certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.00% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Pension Plan for Employees' of Pike Industries, Inc.

Employees: Pike Industries, Inc. employees.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service and age 21. There will be no new Participants allowed in the Plan after December 31, 2009.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 60 consecutive Calendar months (during the last 120 months of employment) for which Compensation was highest divided by 5.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of the Integration Level.

Compensation earned after December 31, 2009 is excluded in determining a Participants Average Compensation.

Benefit Service: 1,000 Hour Rule.

Years of Benefit Service shall include Years of Service completed with Cooley Asphalt Paving Corporation, Cloutier Corporation and Keith Construction prior to March 29, 1988.

Tilcon and Whitcomb employees are credited with a Year of Benefit Service for each Plan Year after January 1, 1997 in which they are credited with at least 1,000 Hours of Service.

No additional Years of Benefit Service shall be credited to any Participant after December 31, 2009.

Vesting Service: 1,000 Hour Rule.

Tilcon and Whitcomb employees are credited with a Year of Vesting Service for each Plan Year from their date of hire with Tilcon and Whitcomb in which they are credited with at least 1,000 Hours of Service.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

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Normal Retirement Benefit: 20.75% Average Monthly Compensation plus 18.75% of Excess Average Monthly Compensation multiplied by Years of Benefit Service (maximum of 30), reduced prorata for Years of Benefit Service less than 30 years.

The minimum monthly Benefit is \$10 per month per Year of Benefit Service.

No additional benefit accruals will be earned after December 31, 2009.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: Age 55 with 10 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, then by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 of more	100%

Participants are 100% vested at age 65.

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Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%), 5 yr and 10 yr certain and life annuity, Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7.0% per annum, compounded annually.

Mortality: 1971 GAM with projection D based on 1920 calendar year of birth, 1 year setback for Participant, 5 year setback for Beneficiary.

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Former Plan Basic Information

Plan Name: P.J. Keating Company Pension Plan

Employees: P.J. Keating Company employees not covered under a Collective Bargaining Agreement, and hourly employees of Roads Paving, Inc.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service and age 21. There will be no new Participants allowed in the Plan after December 31, 2009.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b), or 401(k) of the IRC.

Average Compensation: The 5 consecutive calendar years from which Compensation was highest divided by 5. If the participant has less than 5 consecutive Plan Years of service, Average Compensation will be based on complete years only.

Compensation earned after December 31, 2009 is excluded in determining a Participants Average Compensation.

Benefit Service: 1,000 Hour Rule.

No additional Years of Benefit Service shall be credited to any Participant after December 31, 2009.

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: 1.00% of Average Monthly Compensation, multiplied by Years of Benefit Service.

No additional benefit accruals will be earned after December 31, 2009.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

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Early Retirement

Early Retirement Date: Age 55.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his accrued benefit determined as of his Early Retirement Date, reduced actuarially to his Early Retirement Date.

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Participants are 100% vested at age 55.

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: 100% of the Actuarial Equivalent of the participant's accrued benefit as of the date of death.

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Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 75%, 100%), Lump Sum (if under \$75,000).

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 6.0% per annum, compounded annually.

Mortality: 1984 Unisex Pension Mortality Table.

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Former Plan Basic Information

Plan Name: Tilcon Inc. Pension Plan

Employees: Tilcon, Inc. Employees.

Eligibility: First day of the month which coincides with or next follows the completion of one year of Eligibility Service and age 21. There will be no new Participants allowed in the Plan after December 31, 2009.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts, which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 132(f)(4), or 401(k) of the IRC.

Average Compensation: The 5 consecutive calendar years from which Compensation was highest divided by 5.

Excess Average Compensation is that portion, if any, of Average Compensation which is in excess of \$14,400.

Compensation earned after December 31, 2009 is excluded in determining a Participant's Average Compensation.

Benefit Service: Elapsed Time Method.

No additional Years of Benefit Service shall be credited to any Participant after December 31, 2009.

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: For NY Trap Rock Hourly participants, age 62. For all other participants, age 65.

Normal Retirement Benefit: For former New York Salaried, Connecticut and Buchanan Marine participants, 1.25% of Average Monthly Compensation multiplied by Years of Benefit Service plus 0.25% of Excess Average Monthly Compensation multiplied by Years of Benefit Service.

For NY Trap Rock (Hourly), \$850 per year multiplied by Years of Benefit Service, up to 30, plus \$120 per year multiplied by Years of Benefit Service over 30, up to 5.

For Capaldi, Delaware, and Maine participants, benefits are determined in accordance with the terms of the plan in effect as of their applicable freeze date shown below.

The benefits of all participants have been frozen at the following dates:

Buchanan Marine	December 31, 2009
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Capaldi	December 31, 2001
Connecticut	December 31, 2009
Delaware	December 31, 2002
Maine	December 31, 1996
New York Salaried	December 31, 2009
NY Trap Rock	October 10, 1997

Participants with Capaldi and Maine were 100% vested regardless of service at the freeze date.

No additional benefit accruals will be earned after December 31, 2009.

Deferred Retirement

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: For Salaried participants, age 55 with 10 years of Vesting Service. For NY Trap Rock Hourly participants, age 55 with 15 years of Vesting Service. For all other Hourly participants, age 60 with 10 years of Vesting Service.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced actuarially to the following table:

Age	Salaried	Hourly	Trap Rock
65	100%	100%	100.0%
64	100%	94%	100.0%
63	100%	88%	100.0%
62	100%	82%	100.0%
61	97%	76%	92.7%
60	94%	70%	86.2%
59	91%	N/A	77.0%
58	88%	N/A	69.0%
57	84%	N/A	61.9%
56	80%	N/A	55.6%
55	75%	N/A	50.0%

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Disability Retirement

Disability Retirement Date: Disabled for six consecutive months, age 50, and 15 years of service. For former Trap Rock participants, eligibility is achieved at 10 years of service.

Disability Retirement Benefit: Accrued benefit at Disability Retirement Date, based on Compensation history at Disability Retirement Date, and on years of Benefit Service projected to Normal Retirement Date.

For former Trap Rock participants, the disability benefit is \$4,800.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit: A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his Earliest Retirement Date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

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Forms of Payment

Normal Forms: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity, Joint and Contingent (50%, 66-2/3%, 75%, 100%), 10 yr Certain and life annuity, Lump Sum (if under \$75,000). Trap Rock participants also have available to them a Life Annuity with Contingent Spousal Benefit and a 100% Joint and Survivor with Popup. The Contingent Spousal Benefit for former Trap Rock participants only includes a death benefit payable to the spouse for their lifetime or until they remarry and based on the age difference with the participant.

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Form of Benefit. Actuarial Equivalence is based on the following interest and mortality assumptions:

Participants prior to February 1, 2006:

Interest: 7.0% per annum, compounded annually

Mortality: 1971 Group Annuity Table (95% male, 5% female)

Participants prior to February 1, 2006:

Interest: 6.0% per annum, compounded annually.

Mortality: RP-2000 (50% male, 50% female).

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The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	13	2	-	-	-	-	-	-	-	15
25–29	1	37	7	-	-	-	-	-	-	-	45
30–34	4	40	42	4	-	-	-	-	-	-	90
35–39	9	58	45	24	3	-	-	-	-	-	139
40–44	3	43	56	36	23	2	-	-	-	-	163
45–49	2	38	61	40	26	16	4	-	-	-	187
50–54	1	36	74	43	57	40	8	6	-	-	265
55–59	3	34	84	56	51	37	27	23	3	-	318
60–64	-	33	70	61	41	34	29	29	4	-	301
65–69	-	11	20	29	20	14	11	5	1	1	112
70+	-	-	6	2	1	2	-	-	-	1	12
Total	23	343	467	295	222	145	79	63	8	2	1,647

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2024 Schedule SB, Line 26a – Schedule of Active Participant Data

The average annual accrued benefit of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Average
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	1,304	2,760	-	-	-	-	-	-	-	1,498
25–29	358	1,242	3,180	-	-	-	-	-	-	-	1,524
30–34	372	1,616	3,357	5,495	-	-	-	-	-	-	2,546
35–39	312	1,387	3,777	6,040	8,571	-	-	-	-	-	3,050
40–44	489	1,583	3,985	7,648	9,170	10,707	-	-	-	-	4,910
45–49	522	1,910	4,605	8,193	9,979	12,779	13,433	-	-	-	6,416
50–54	3,558	1,566	4,654	6,199	12,132	14,458	20,824	16,157	-	-	8,318
55–59	467	1,777	4,520	8,325	11,717	16,438	20,404	17,540	20,458	-	9,840
60–64	-	1,749	4,103	8,080	11,675	14,976	22,057	20,277	39,767	-	10,672
65–69	-	2,153	6,195	10,811	11,843	15,938	20,184	23,008	30,938	25,972	11,742
70+	-	-	3,743	6,359	10,317	12,362	-	-	-	20,128	7,529
Average	527	1,594	4,283	7,871	11,311	14,962	20,670	19,102	31,423	23,050	7,708

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2024 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments underlying the Funding Target using Standard Assumptions in each of the next fifty years starting with the current plan year of this filing assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, and (3) no new entrants are covered by the plan.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$5,152,722	\$2,376,549	\$28,926,331	\$36,455,602
2025	4,741,685	2,190,427	28,118,905	35,051,017
2026	4,934,466	3,231,470	27,344,534	35,510,470
2027	5,522,384	3,512,580	26,440,318	35,475,282
2028	6,022,668	3,771,003	25,322,447	35,116,118
2029	6,446,366	4,008,738	24,437,028	34,892,132
2030	6,832,497	4,182,142	23,522,702	34,537,341
2031	6,859,541	4,560,736	22,567,285	33,987,562
2032	7,274,468	4,860,410	21,611,005	33,745,883
2033	7,663,276	5,053,454	20,578,530	33,295,260
2034	7,807,538	5,123,067	19,596,242	32,526,847
2035	8,102,100	5,216,499	18,603,261	31,921,860
2036	8,201,263	5,272,355	17,573,455	31,047,073
2037	8,214,700	5,223,955	16,541,514	29,980,169
2038	8,251,821	5,495,008	15,511,686	29,258,515
2039	8,074,608	5,244,138	14,489,010	27,807,756
2040	7,982,261	5,265,793	13,464,592	26,712,646
2041	7,757,724	5,139,797	12,444,447	25,341,968
2042	7,731,939	5,087,511	11,435,001	24,254,451
2043	7,624,301	4,950,950	10,439,736	23,014,987
2044	7,524,020	4,921,838	9,469,032	21,914,890
2045	7,324,523	4,713,367	8,531,146	20,569,036
2046	7,136,666	4,550,764	7,630,187	19,317,617
2047	6,940,561	4,368,210	6,771,968	18,080,739
2048	6,676,111	4,226,829	5,961,820	16,864,760
2049	6,432,093	4,079,259	5,204,367	15,715,719
2050	6,100,249	3,829,053	4,503,338	14,432,640
2051	5,827,807	3,620,928	3,861,468	13,310,203
2052	5,508,232	3,443,852	3,280,322	12,232,406
2053	5,197,805	3,196,684	2,760,278	11,154,767
2054	4,889,045	3,014,158	2,300,514	10,203,717

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2024 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
2055	4,580,467	2,736,752	1,899,024	9,216,243
2056	4,271,935	2,532,611	1,552,796	8,357,342
2057	3,961,766	2,327,160	1,257,980	7,546,906
2058	3,661,090	2,094,005	1,010,098	6,765,193
2059	3,370,231	1,902,585	804,288	6,077,104
2060	3,086,072	1,731,268	635,498	5,452,838
2061	2,822,395	1,557,906	498,682	4,878,983
2062	2,568,181	1,377,912	389,003	4,335,096
2063	2,333,477	1,218,802	301,958	3,854,237
2064	2,110,847	1,071,960	233,479	3,416,286
2065	1,908,205	946,957	180,002	3,035,164
2066	1,716,241	833,355	138,468	2,688,064
2067	1,540,820	730,614	106,334	2,377,768
2068	1,379,559	638,122	81,529	2,099,210
2069	1,231,865	555,217	62,393	1,849,475
2070	1,097,380	481,221	47,632	1,626,233
2071	975,172	415,431	36,234	1,426,837
2072	864,327	357,162	27,425	1,248,914
2073	763,945	305,741	20,621	1,090,307

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140

Plan Number: 001

SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund:			
	PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	\$ 17,600,614	\$ 16,558,488
	Collective Trusts:			
	NEPC, LLC	CF NEPC EMERGING MARKETS EQUITY CIT	9,126,814	8,449,836
	NEPC, LLC	CF NEPC GLOBAL EQUITY CIT	16,913,408	19,758,598
	NEPC, LLC	CF NEPC DIVERSIFIED CREDIT CIT	19,672,654	21,656,113
	NEPC, LLC	CF NEPC US SMALL CAP EQUITY CIT	7,480,606	9,623,425
	State Street Global Advisors Trust Company	CF FTSE RAFI US 1000 INDX NL CTF	9,093,904	12,058,972
	State Street Global Advisors Trust Company	CF SSGA LONG US TREASURY INDEX NL	23,433,836	22,967,822
	State Street Global Advisors Trust Company	cf SSGA S&P 500 FLAGSHIP NL FUND	16,258,657	21,230,734
	State Street Global Advisors Trust Company	CF STATE STREET U.S. TREASURY INDEX NL	64,386,927	58,636,119
	State Street Global Advisors Trust Company	CF SSGA 20+ YEAR US TREASURY STRIPS INDX (CMCA) FD	24,894,953	18,675,194
	State Street Global Advisors Trust Company	MSCI EAFE IMDEX NL FD	3,241,529	3,675,957
	Wellington Trust Company	CF WTC-CIF II US INV GRADE INTERMEDIATE CORPORATE	77,700,796	70,577,929
	Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	26,983,194	27,944,151
	* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	2,569,144	2,569,144
				297,823,994
	Limited Partnerships:			
	Alcentra	EUROPEAN CREDIT OPPORTUNITIES-FUND II	1,862,899	1,554,247
	Limited Liability Companies:			
	Acadian Asset Management	ACADIAN NON-US ALL CAP EQUITY FUND USD HEDGED LLC	6,324,823	9,851,252
	Pacific	PACIFIC DIVERSIFIED STRATEGIES, LLC	1	713,183
	Reliance Trust Company	LGIMA LONG DURATION US CREDIT FUND LLC	76,724,593	99,707,848
				110,272,283
			\$	426,209,012

*Represents a party-in-interest to the Plan

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV LINE 4J—SCHEDULE OF REPORTABLE TRANSACTIONS (SERIES OF TRANSACTIONS)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	Expense Incurred With Transaction	(g) Cost of Assets	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	\$ 49,862,140	\$ 50,045,286	\$ -	101	\$ -	\$ 99,907,426	\$ 99,907,426	\$ -

*Represents a party-in-interest to the Plan