

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [X]
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: AUDUBON MATERIALS LLC HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): AUDUBON MATERIALS LLC
2b Employer Identification Number (EIN): 46-1076551
2c Sponsor's telephone number: 214-432-2000
2d Business code (see instructions): 327300
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 85
5b Total number of participants at the end of the plan year: 85
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 41
5d(2) Total number of active participants at the end of the plan year: 27
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/14/2025, WM R DEVLIN. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 583541. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1317135	1643921
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1317135	1643921
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>		
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	-84335	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		-84335
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>	34984	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		34984
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-119319
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	446105	

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

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		5000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

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

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month Day Year

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

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

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

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

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

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

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

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

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

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

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

**Part VIII IRS Compliance Questions**

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

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

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

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

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

<b>A</b> Name of plan <u>AUDUBON MATERIALS LLC HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AUDUBON MATERIALS LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>46-1076551</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1317135</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1317135</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>12</u>	<u>344267</u>
	<b>b</b> For terminated vested participants .....	<u>46</u>	<u>379015</u>
	<b>c</b> For active participants .....	<u>27</u>	<u>444578</u>
	<b>d</b> Total .....	<u>85</u>	<u>1167860</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.34 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>3087</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3087</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/22/2025</u>	Date
	<u>BRIAN P. LEVINE</u>	<u>23-06424</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>214-989-2261</u>	Telephone number (including area code)
	<u>MSC 17849 PO BOX 803507 DALLAS, TX 75380</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.78</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....		

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	110.98 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	110.98 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	105.60 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 1

**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**

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	3087
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3087

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		Total balance

**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)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	

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

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

**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

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

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

<b>A</b> Name of plan AUDUBON MATERIALS LLC HOURLY PENSION PLAN (CEMENT - BOILERMAKERS)	<b>B</b> Three-digit plan number (PN) ▶	001 ✓
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AUDUBON MATERIALS LLC	<b>D</b> Employer Identification Number (EIN)	46-1076551 ✓
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u> ✓		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	1,317,135 ✓	
<b>b</b> Actuarial value .....	<b>2b</b>	1,317,135 ✓	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	12 ✓	344,267 ✓	344,267 ✓
<b>b</b> For terminated vested participants .....	46 ✓	379,015 ✓	379,015 ✓
<b>c</b> For active participants .....	27 ✓	444,578 ✓	463,490 ✓
<b>d</b> Total .....	85 ✓	1,167,860 ✓	1,186,772 ✓
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.34%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	3,087 ✓	
<b>c</b> Target normal cost .....	<b>6c</b>	3,087	

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

<b>SIGN HERE</b>	BRIAN P. LEVINE <i>BPL</i>	
	Signature of actuary	09/22/2025 ✓
	BRIAN P. LEVINE	Date
	Type or print name of actuary	2306424 ✓
	AON CONSULTING, INC.	Most recent enrollment number
	Firm name	214-989-2261 ✓
	MSC# 17849 PO BOX 803507 DALLAS TX 75380	Telephone number (including area code)
	Address of the firm	

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



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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75% ✓	2nd segment: 4.87% ✓	3rd segment: 5.59% ✓	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 1 ✓

**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** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 3,087 ✓

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 3,087 ✓

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021 ✓

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
 EIN: 46-1076551 PN: 001

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		2								
30-34		1	1							
35-39		2								
40-44		4	2							
45-49	1		2							
50-54			1							
55-59			5							
60-64			3							
65-69			2							
70+			1							

N-27

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on ARPA segment rates with a one-month lookback (as of December 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a one-month lookback (as of December 2023), without regard to interest rate stabilization
1st Segment Rate	4.21%
2nd Segment Rate	4.86%
3rd Segment Rate	4.87%
<b>Retirement Age</b>	
Active Participants	100% at earlier of age 55 with at least 30 years of benefit service or age 65
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2024 combined static mortality table for small plans per §1.430(h)(3)-1(c)
<b>Withdrawal Rates</b>	See Table 1
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	Fair market value

Schedule SB Attachment (Form 5500) –2024 Plan Year  
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<b>Trust Expenses Included in Target Normal Cost</b>	\$3,087
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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Table 1

**Withdrawal Rates**

Age	Rate	Age	Rate
20	26.00%	45	8.00%
21	24.80%	46	7.60%
22	23.60%	47	7.20%
23	22.40%	48	6.80%
24	21.20%	49	6.40%
25	20.00%	50	6.00%
26	19.20%	51	5.40%
27	18.40%	52	4.80%
28	17.60%	53	4.20%
29	16.80%	54	3.60%
30	16.00%	55	3.00%
31	15.30%	56	2.40%
32	14.60%	57	1.80%
33	13.90%	58	1.20%
34	13.20%	59	0.60%
35	12.50%	60	0.00%
36	12.00%	61	0.00%
37	11.50%	62	0.00%
38	11.00%	63	0.00%
39	10.50%	64	0.00%
40	10.00%	65+	0.00%
41	9.60%		
42	9.20%		
43	8.80%		
44	8.40%		

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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## Schedule SB, Part V – Summary of Plan Provisions

<b>Effective Date</b>	The plan was established December 1, 2012. The plan was amended and restated effective January 1, 2017.
<b>Eligibility for Participation</b>	Employees covered under the Lafarge Plan on November 30, 2012 and employed by Audubon on December 1, 2012. Employees covered by a collective bargaining agreement enter the plan on their date of hire (or the date their employment became covered under the collective bargaining agreements, if later). No new entrants are allowed on or after January 1, 2017.
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	The accrued benefit. No additional benefits accrue after December 31, 2017.
<b>Early Retirement</b>	
Eligibility	Age 55 and 10 years of benefit service, or 30 years of benefit service (regardless of age).
Benefit	A benefit equal to the accrued benefit as of the early retirement date, reduced by 3.6% per year before age 65. There is no early retirement reduction for a participant with 30 or more years of benefit service.
<b>Late Retirement</b>	
Eligibility	After age 65.
Benefit	A benefit equal to the accrued benefit as of the late retirement date, but not less than the accrued benefit at normal retirement date, actuarially increased for deferred commencement.
<b>Disability Benefit</b>	
Eligibility	Permanently disabled with 10 years of benefit service, if not eligible for normal retirement or unreduced early retirement.
Benefit	A monthly amount equal to years of benefit service multiplied by the applicable benefit rate described below, increased by \$1. For years of benefit service earned in the Lafarge Plan, the applicable rate shall be the rate as in effect for December 1, 2012. The monthly amount shall not be less than \$450 per month. The monthly amount is further reduced by the benefit accrued under the Lafarge Plan for service recognized under this plan.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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There is no reduction for early commencement. No additional benefits accrue after December 31, 2017.

**Vested Termination Benefits**

Eligibility

Five years of vesting service, or attainment of age 65. Also, all active participants employed on December 31, 2017 are fully vested.

Benefit

The accrued benefit payable at normal retirement date or reduced by 3.6% per year before age 65 starting after the early retirement date. There is no early retirement reduction for a participant with 30 or more years of benefit service.

**Preretirement Spouse's Benefits**

Eligibility

Five years of vesting service or otherwise vested and married on date of death.

Benefit

Death after becoming eligible for normal or early retirement:

Two-thirds of the benefit that would have been payable if the participant had terminated employment on the date of death and elected the joint and  $66\frac{2}{3}\%$  survivor annuity payable as of the date of death. Such amount will not be less than \$75 per month for any month prior to the surviving spouse's sixty-second birthday.

Death before becoming eligible for normal or early retirement:

Two-thirds of the benefit that would have been payable if the participant had terminated employment on the date of death and elected the joint and  $66\frac{2}{3}\%$  survivor annuity commencing at the earliest retirement date (or, at the election of the surviving spouse, at a later early or normal retirement date). Benefits will commence at what would have been the participant's earliest retirement date, or at the later retirement date elected by the surviving spouse.

**Permanent Shutdown/Layoff Benefit**

Eligibility

Ten years of benefit service, age plus service at least 65, and permanent plant shutdown.

Benefit

Accrued benefit, with no reduction for early commencement. The benefit level as of the date of plant shutdown applies.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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**Cost of Living Adjustment for Retirees**

None.

**Normal Form of Annuity**

For single participants, the normal form is a single life annuity. For married participants, the normal form is an actuarially equivalent joint and 50% survivor annuity.

**Optional Forms of Annuity**

Actuarially equivalent 66 $\frac{2}{3}$ %, 75%, 100% joint and survivor annuity, 120 month certain and life annuity, and lump sum under \$7,500. Joint and survivor annuities are for married participants only.

**Definitions**

Actuarial Equivalence

For all options other than lump sums: the RP-2000 table for males with a one-year setback for participants and the RP-2000 table for females for spouses and other beneficiaries with no setback, and an interest rate of 6 $\frac{1}{2}$ %.

Accrued Benefit

A monthly amount equal to years of benefit service multiplied by the following applicable benefit rate based on termination date:

Termination Date	Applicable Rate
January 1, 2013 – April 30, 2013	\$ 40
May 1, 2013 – April 30, 2014	\$ 41
May 1, 2014 – April 30, 2016	\$ 42
May 1, 2016 and later	\$ 44

For years of benefit service earned in the Lafarge Plan, the applicable rate shall be the rate as in effect for December 1, 2012. The benefit will be reduced by the benefit accrued under the Lafarge Plan for service recognized under this plan. No additional benefits accrue after December 31, 2017.

Year of Vesting Service

One year for each plan year that the participant works at least 1,000 hours, plus vesting service earned under the Lafarge Plan for eligible employees.

Year of Benefit Service

One year for each plan year that the participant works at least 1,200 hours. Service is credited pro-rata for any plan year that the participant works less than 1,200 hours. Benefit service shall include credited service under the Lafarge Plan for eligible employees. No benefit service will be credited after December 31, 2017.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Audubon Materials LLC Hourly Pension Plan (Cement - Boilermakers)  
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### Plan Changes Since the Prior Year

As of December 31, 2024, the Tulsa Cement LLC Hourly Pension Plan (EIN: 46-1081769) merged into this plan. The merger did not impact the 2024 funding valuation.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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