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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
CMG HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 020

1c Effective date of plan 12/31/1991

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)
LEGACY VULCAN LLC
VULCAN MATERIALS COMPANY

1200 URBAN CENTER DRIVE
VESTAVIA HILLS, AL 35242

2b Employer Identification Number (EIN) 20-8579133

2c Plan Sponsor's telephone number 205-298-3833

2d Business code (see instructions) 212310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2026	JENNIFER HAWKINS
	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 [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
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2468
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	**6a(1)**	1030
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	922
b	Retired or separated participants receiving benefits	**6b**	774
c	Other retired or separated participants entitled to future benefits	**6c**	568
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2264
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	190
f	Total. Add lines **6d** and **6e**.	**6f**	2454
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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 Characteristic Codes in the instructions:

1B 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CMG HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEGACY VULCAN LLC

D Employer Identification Number (EIN)
20-8579133

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	143815717
b Actuarial value	**2b**	147036295

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	826	62048023	62048023
b For terminated vested participants	612	23369034	23369034
c For active participants	1030	70198713	70550204
d Total	2468	155615770	155967261

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2088815
b Expected plan-related expenses	**6b**	1630000
c Target normal cost	**6c**	3718815

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

08/31/2026
Date

CHERYL L. DAVIS
Type or print name of actuary

26-04707
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755 P.O. BOX 551343
ATLANTA, GA 30355
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 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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.17 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2404708
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 5.15 %		123842
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		2528550
d	Portion of (c) to be added to prefunding balance		2528550
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)	0	2528550

Part III Funding Percentages

14	Funding target attainment percentage	14	92.65 %
15	Adjusted funding target attainment percentage	15	92.65 %
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	90.10 %
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
04/10/2025	1300000	0			
07/14/2025	1300000	0			
04/07/2026	2600000	0			
08/11/2026	12400000	0			
			Totals ► 18(b)	17600000	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	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	16375120

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] 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. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	3718815
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11459516	1118664
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**	4837479

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2291631	2291631

36 Additional cash requirement (line 34 minus line 35)	**36**	2545848
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	16375120

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

a Total (excess, if any, of line 37 over line 36)	**38a**	13829272
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2291631
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
CMG HOURLY PENSION PLAN		020
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LEGACY VULCAN LLC	20-8579133	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) 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?
11 50 15 16	ACTUARY	563136	Yes [ ] No [X]	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 [ ]

(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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CMG HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEGACY VULCAN LLC

D Employer Identification Number (EIN)
20-8579133

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: VULCAN MATERIALS MASTER TRUST

b Name of sponsor of entity listed in (a): VULCAN MATERIALS COMPANY

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)
20-8579133-900	M	151502171

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, 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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CMG HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY VULCAN LLC

D Employer Identification Number (EIN)
20-8579133

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8261000	15000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	135823039	151502171
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	144084039	166502171
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	144084039	166502171

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)	17600000	
(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)		17600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		12051801
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29651801
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5783965	
(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)		5783965
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	563136	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	886568	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1449704
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7233669
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22418132
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WARREN AVERETT **(2)** EIN: 45-4084437

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	
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.)	4c		X	
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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
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.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587003.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CMG HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY VULCAN LLC

D Employer Identification Number (EIN)
20-8579133

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 20-8579133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 3

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

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)	**14a**	
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)	**14b**	
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)	**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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 97.8 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.6 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

CMG HOURLY PENSION PLAN OF VULCAN MATERIALS COMPANY

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

Warren Averett
CPAs AND ADVISORS
www.warrenaverett.com

The report accompanying this deliverable was issued by Warren Averett, LLC.

CMG HOURLY PENSION PLAN OF VULCAN MATERIALS COMPANY
TABLE OF CONTENTS
DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITORS' REPORT 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to the Financial Statements 6

Warren Averett
CPAs AND ADVISORS

3500 Lenox Road, Suite 1600
Atlanta, GA 30326
770.396.1100
warrenaverett.com

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
CMG Hourly Pension Plan of Vulcan Materials Company

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed the audit of the accompanying financial statements of CMG Hourly Pension Plan of Vulcan Materials Company (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for pension benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

Basis for Opinion
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 Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditors' Responsibilities for the Audits
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance; and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Warren Averett, LLC

Atlanta, Georgia
September 17, 2026

CMG HOURLY PENSION PLAN OF VULCAN MATERIALS COMPANY
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

In thousands	2025	2024
ASSETS		
Interest in Vulcan Materials Company		
Retirement Pension Trust	$ 151,502	$ 135,823
Contributions receivable from employer	15,000	8,261
NET ASSETS AVAILABLE FOR BENEFITS	$ 166,502	$ 144,084

See notes to the financial statements.

CMG HOURLY PENSION PLAN OF VULCAN MATERIALS COMPANY
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

In thousands	2025	2024
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS		
Investment income from interest in Vulcan Materials Company Retirement Pension Plan	$ 12,052	$ 72
Employer contributions	17,600	8,261
Benefits paid to participants	(5,784)	(5,089)
Administrative expenses	(1,450)	(1,469)
INCREASE IN NET ASSETS	22,418	1,775
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	144,084	142,309
END OF YEAR	$ 166,502	$ 144,084

See notes to the financial statements.

1. DESCRIPTION OF THE PLAN

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

General

The Plan is a defined benefit pension plan covering nonunion hourly employees hired prior to July 15, 2007, who attained age 21 and completed one year of service in the Construction Materials Divisions of Vulcan Materials Company (the Company). The Plan also covers hourly employees who are members of a collective bargaining unit which has specifically adopted the Plan. Effective on and after July 15, 2007, no newly hired non-collectively bargained unit employee can become a participant in the Plan. Existing participants continue to accrue benefits under the Plan provisions. Employees hired on or after July 15, 2007, are eligible for participation in the Vulcan 401(k) Plan. Former participants who are reemployed may reenter the Plan if they have not incurred a break in service of more than twelve consecutive months.

There were no transfers to or from other Vulcan Materials Company pension plans for the years ended December 31, 2025 or 2024.

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

Plan Benefits

Participants with five years of vested service, as defined by the Plan, or upon reaching age 65, are entitled to pension benefits. Effective July 15, 2007, the Plan was closed to new participants. As a result, all participants have met the Plan's vesting requirements. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement (between ages 55 and 65), deferred retirement (subsequent to age 65), and disability benefits. Benefits are also available to a participant's eligible beneficiary upon the participant's death. Benefits under the Plan are determined based upon years of service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, a single-life annuity or other optional forms.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments and Income Recognition

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

Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in securities traded on national and over-the-counter exchanges are valued at the closing bid price of the security as of the last trading day of the year. Investments in common/collective trust funds are stated at NAV as determined by the issuer of the funds based on the underlying investments.

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

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

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

Payment of Benefits
Benefits are recorded when paid.

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

3. INTEREST IN MASTER TRUST

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

The investments and other assets and liabilities of the Master Trust, and the Plan's proportionate share, at December 31, 2025 and 2024, are summarized as follows:

In thousands	2025		2024	
	Master Trust	Plan's Proportionate Share	Master Trust	Plan's Proportionate Share
Investments at fair value:				
Corporate debt investments	$ 439,307	$ 106,350	$ 395,486	$ 88,483
Government securities	145,681	35,267	168,978	37,806
Other investments:				
Short-term investments	841	204	279	62
Asset backed securities	36,524	8,842	40,013	8,952
Derivatives	9,058	2,193	5,232	1,171
Interests in common/collective trusts	15,025	3,637	16,525	3,697
Private partnerships	3,543	858	3,792	848
Total investment assets	649,979	157,350	630,305	141,019
Accrued income	8,020	1,942	7,848	1,756
Collateral due from broker	3,640	881	6,653	1,488
Unsettled trades, net payable	(35,817)	(8,671)	(37,729)	(8,441)
Total Master Trust assets	$ 625,822		$ 607,077	
Plan's interest in total Master Trust assets		$ 151,502		$ 135,823
Plan's percentage interest in total Master Trust assets		24%		22%

The total investment income of the Master Trust is summarized as follows for the years ended December 31, 2025 and 2024:

In thousands	2025	2024
Interest and dividend income	$ 33,379	$ 33,237
Expenses	(2,614)	(3,321)
Net investment appreciation (depreciation)	21,155	(29,475)
Total	$ 51,920	$ 441

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

The following tables set forth, by Level within the fair value hierarchy, the Master Trust's investment assets at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
In thousands	**Level 1**	**Level 2**	**Level 3**	**Total**
Corporate debt investments	$ -	$ 439,307	$ -	$ 439,307
Government securities	-	145,681	-	145,681
Other investments:				
Short-term investments	-	841	-	841
Asset backed securities	-	36,524	-	36,524
Derivatives	-	9,058	-	9,058
Investments in the fair value hierarchy	$ -	$ 631,411	$ -	631,411
Interests in common/collective trust funds (at NAV)				15,025
Private partnerships (at NAV)				3,543
Total Master Trust investments				$ 649,979

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

Asset Valuation Techniques

The following methods and assumptions were used to estimate the values of the Master Trust's investments. There have been no changes in the methodologies used at December 31, 2025 and 2024, respectively.

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

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

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

Common/Collective Trust Funds – These investments include an index fund investing primarily in domestic equities and a short-term investment fund for highly liquid, short-term debt securities. Investments are valued at the NAV of units of a bank collective trust. The NAV, as provided in each fund's audited financial statements, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trusts, the investment advisors reserve the right to temporarily delay withdrawal from the collective trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

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

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

	December 31, 2025		
In thousands	**Fair Value**	**Unfunded Commitment**	**Remaining Life**
Venture capital funds	$ 1	$ -	0 years
Secondary private equity funds	3,420	-	0 years
Mezzanine debt funds	122	-	0 years
Private partnerships	3,543	$ -	
PIMCO Short Term Floating NAV Fund	1,496	n/a	n/a
Northern Trust Short-Term Investment Fund	13,529	n/a	n/a
Interest in common/collective trusts	15,025		
Total	$ 18,568		

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

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

The underlying investments in common/collective trust funds primarily include highly liquid, short-term debt securities. Both the Northern Trust Short-Term Investment Fund and PIMCO Short-Term Floating Fund's primary objective is principal preservation, while also providing for liquidity management. These funds allow the Plan to purchase and redeem units on a daily basis with no restrictions or notice periods.

5. FUNDING POLICY

The Plan is funded through Company contributions, which are actuarially determined. The Company's funding policy is to make contributions to the Plan in amounts as determined by the Plan's independent actuary in order to meet the minimum funding requirements of ERISA. No contributions were required in 2025 or 2024 to satisfy the minimum funding requirements of ERISA.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations 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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

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

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter, dated April 26, 2018, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and that the Plan and the related Master Trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

8. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements, including interest from Master Trust as well as information in Notes 3 and 4 as of December 31, 2025 and 2024, and net income from Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by the Northern Trust Company, the Trustee of the Plan.

9. ACCUMULATED PLAN BENEFITS

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

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

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements is presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024, is as follows (in thousands):

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants/beneficiaries currently receiving benefit payments	$	59,434
Other participants		91,122
Total vested participants		150,556
Nonvested participants		358
Total actuarial present value of accumulated plan benefits	$	150,914

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2024, is as follows (in thousands):

Actuarial present value of accumulated plan benefits, beginning of year	$	166,295
Increase (decrease) during the year attributable to:		
Benefits paid		(5,089)
Benefits accumulated and plan experience		3,173
Assumption change		(20,589)
Interest accumulation		7,124
Net decrease		(15,381)
Actuarial present value of accumulated plan benefits, end of year	$	150,914

The significant actuarial assumptions are as follows:

Valuation Method:	Standard Unit Credit Cost Method
Mortality Rates:	Healthy and Disabled – Plan-specific table, partially reflecting plan experience combined with rates from the RP-2014 tables adjusted to the 2006 base year, with mortality improvement scale MP-2021.
Interest Rate:	5.40% (4.35% in prior year)
Retirement Age:	Age 64

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

10. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

11. NEW ACCOUNTING STANDARDS

Accounting Standards Recently Adopted
None

Accounting Standards Pending Adoption
None

12. SUBSEQUENT EVENTS

For the year ended December 31, 2025, subsequent events were evaluated through September 17, 2026, the date the financial statements were available to be issued. There were no events or transactions identified during this evaluation that require recognition or disclosure in the financial statements.

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

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			1							
30-34			7							
35-39		1	7		27					
40-44		1	5	1	18	53				
45-49		1	6		34	42	24			
50-54			2		35	60	52	17		
55-59		3	2		35	77	66	31	37	
60-64		1	3	1	42	57	54	49	45	16
65-69				1	8	23	24	8	16	14
70+					2	7	4	3	3	4

N-1,030

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

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

Interest Rates	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5 — 4.60 percent Duration 5.5 — 4.80 percent Duration 10.5 — 5.20 percent Duration 15.5 — 5.45 percent Duration 20.5 — 5.56 percent Duration 25.5 — 5.57 percent Duration 30.5 — 5.58 percent
Salary Increases for Former Arundel Participants	4.50 percent
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00 percent per year.
Optional Payment Form Election Percentage	50 percent of participants elect a single life annuity and 50 percent elect a 50 percent joint and survivor annuity.
Retirement Age	
Active CMG Participants	See Table 1.
Active Former Arundel Participants	Age 65.
Terminated Vested Participants	Age 63.
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Tables 2 – 4.
Disability Rates	See Table 5 for CMG. No rates for Former Arundel Participants.
Decrement Timing	Beginning-of-year decrements.
Surviving Spouse Benefit	It is assumed that 80 percent of males and 80 percent of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior year, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value.
Expected Return on Assets	
2024 Plan Year	4.85 percent
2025 Plan Year	5.90 percent, limited to the third segment rate of 5.50 percent
Trust Expenses Included in Target Normal Cost	Administrative expenses of $1,630,000. This represents 2024 non-PBGC administrative expenses, increased 5 percent, plus actual 2025 PBGC premiums.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates — CMG

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	20.00%
63	15.00%
64	15.00%
65	30.00%
66	30.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates — CMG

Age	Years of Service				
	0-1	2	3	4	5+
20	20.00%	14.00%	12.00%	10.00%	8.00%
21	20.00%	14.00%	12.00%	10.00%	8.00%
22	20.00%	14.00%	12.00%	10.00%	8.00%
23	20.00%	14.00%	12.00%	10.00%	8.00%
24	20.00%	14.00%	12.00%	10.00%	8.00%
25	20.00%	14.00%	12.00%	10.00%	8.00%
26	20.00%	14.00%	12.00%	10.00%	8.00%
27	20.00%	14.00%	12.00%	10.00%	8.00%
28	20.00%	14.00%	12.00%	10.00%	8.00%
29	20.00%	14.00%	12.00%	10.00%	8.00%
30	20.00%	14.00%	12.00%	10.00%	7.00%
31	20.00%	14.00%	12.00%	10.00%	7.00%
32	20.00%	14.00%	12.00%	10.00%	7.00%
33	20.00%	14.00%	12.00%	10.00%	7.00%
34	20.00%	14.00%	12.00%	10.00%	7.00%
35	20.00%	14.00%	12.00%	10.00%	7.00%
36	20.00%	14.00%	12.00%	10.00%	7.00%
37	20.00%	14.00%	12.00%	10.00%	7.00%
38	20.00%	14.00%	12.00%	10.00%	7.00%
39	20.00%	14.00%	12.00%	10.00%	7.00%
40	20.00%	14.00%	12.00%	10.00%	3.50%
41	20.00%	14.00%	12.00%	10.00%	3.50%
42	20.00%	14.00%	12.00%	10.00%	3.50%
43	20.00%	14.00%	12.00%	10.00%	3.50%
44	20.00%	14.00%	12.00%	10.00%	3.50%

Table 2 (continued)

Withdrawal Rates — CMG

Age	Years of Service				
	0-1	2	3	4	5+
45	20.00%	14.00%	12.00%	10.00%	3.50%
46	20.00%	14.00%	12.00%	10.00%	3.50%
47	20.00%	14.00%	12.00%	10.00%	3.50%
48	20.00%	14.00%	12.00%	10.00%	3.50%
49	20.00%	14.00%	12.00%	10.00%	3.50%
50	20.00%	14.00%	12.00%	10.00%	3.50%
51	20.00%	14.00%	12.00%	10.00%	3.50%
52	20.00%	14.00%	12.00%	10.00%	3.50%
53	20.00%	14.00%	12.00%	10.00%	3.50%
54	20.00%	14.00%	12.00%	10.00%	3.50%
55+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Withdrawal Rates — Former Arundel Corporation Division

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

Table 4

Withdrawal Rates — Former Arundel Teamsters Division

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

Table 5

Disability Rates — CMG

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CMG HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEGACY VULCAN LLC VULCAN MATERIALS COMPANY

D Employer Identification Number (EIN)
20-8579133

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	143,815,717
b Actuarial value	**2b**	147,036,295

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	826	62,048,023	62,048,023
b For terminated vested participants	612	23,369,034	23,369,034
c For active participants	1,030	70,198,713	70,550,204
d Total	2,468	155,615,770	155,967,261

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,088,815
b Expected plan-related expenses	**6b**	1,630,000
c Target normal cost	**6c**	3,718,815

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

Cheryl L. Davis CLD
Signature of actuary

08/31/2026
Date

CHERYL L. DAVIS
Type or print name of actuary

2604707
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755 P.O. BOX 551343
Atlanta GA 30355
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 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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.17 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,404,708
	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 5.15 %		123,842
	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		2,528,550
	d Portion of (c) to be added to prefunding balance		2,528,550
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)	0	2,528,550

Part III Funding Percentages

14	Funding target attainment percentage	14	92.65 %
15	Adjusted funding target attainment percentage	15	92.65 %
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	90.10 %
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
04/10/2025	1,300,000	0			
07/14/2025	1,300,000	0			
04/07/2026	2,600,000	0			
08/11/2026	12,400,000	0			
			Totals ► 18(b)	17,600,000	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	16,375,120

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] 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. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	3,718,815
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,459,516	1,118,664
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**	4,837,479

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,291,631	2,291,631

36 Additional cash requirement (line 34 minus line 35)	**36**	2,545,848
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	16,375,120

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

a Total (excess, if any, of line 37 over line 36)	**38a**	13,829,272
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2,291,631
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) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.39%	Interest Adjusted Contribution
April 10, 2025	$ 1,300,000	99	$ 1,281,620
July 14, 2025	1,300,000	194	1,264,228
April 7, 2026	2,600,000	461	2,433,198
August 11, 2026	12,400,000	587	11,396,074
Total Contribution	$ 17,600,000		$ 16,375,120

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	2.50%	0.9750	1.37
57	2.50%	0.9506	1.35
58	2.50%	0.9269	1.34
59	2.50%	0.9037	1.33
60	5.00%	0.8811	2.64
61	5.00%	0.8370	2.55
62	20.00%	0.7952	9.86
63	15.00%	0.6362	6.01
64	15.00%	0.5407	5.19
65	30.00%	0.4596	8.96
66	30.00%	0.3217	6.37
67	20.00%	0.2252	3.02
68	20.00%	0.1802	2.45
69	20.00%	0.1441	1.99
70	100.00%	0.1153	8.07
	Weighted Average		63.88

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

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
2025	892,689	651,872	5,434,980	6,979,541
2026	1,530,071	729,922	5,365,076	7,625,069
2027	2,130,350	837,566	5,289,579	8,257,495
2028	2,693,512	1,008,419	5,207,100	8,909,031
2029	3,248,000	1,101,705	5,117,559	9,467,264
2030	3,750,726	1,214,094	5,005,435	9,970,255
2031	4,165,256	1,284,583	4,893,434	10,343,273
2032	4,557,932	1,402,357	4,766,851	10,727,140
2033	4,885,589	1,472,396	4,643,561	11,001,546
2034	5,178,797	1,529,214	4,504,559	11,212,570
2035	5,414,873	1,598,906	4,360,871	11,374,650
2036	5,607,337	1,666,280	4,194,925	11,468,542
2037	5,794,229	1,734,838	4,027,722	11,556,789
2038	5,918,929	1,804,538	3,856,714	11,580,181
2039	6,017,710	1,851,018	3,676,944	11,545,672
2040	6,092,699	1,896,102	3,488,915	11,477,716
2041	6,120,150	1,945,378	3,298,891	11,364,419
2042	6,106,374	1,924,801	3,102,145	11,133,320
2043	6,072,822	1,946,215	2,899,565	10,918,602
2044	6,015,199	1,932,783	2,692,282	10,640,264
2045	5,927,442	1,923,871	2,481,718	10,333,031
2046	5,810,707	1,881,164	2,269,604	9,961,475
2047	5,676,869	1,859,496	2,057,968	9,594,333
2048	5,511,471	1,809,330	1,849,078	9,169,879
2049	5,324,757	1,767,261	1,645,357	8,737,375
2050	5,119,199	1,699,395	1,449,258	8,267,852
2051	4,891,776	1,634,483	1,263,129	7,789,388
2052	4,641,389	1,563,759	1,089,061	7,294,209
2053	4,380,594	1,493,629	928,730	6,802,953
2054	4,110,041	1,414,687	783,325	6,308,053
2055	3,834,441	1,335,201	653,511	5,823,153
2056	3,557,893	1,254,184	539,414	5,351,491
2057	3,289,379	1,173,131	440,678	4,903,188
2058	3,021,609	1,092,543	356,524	4,470,676
2059	2,759,486	1,014,687	285,852	4,060,025

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	2,507,341	936,854	227,343	3,671,538
2061	2,266,582	861,198	179,562	3,307,342
2062	2,039,067	788,036	141,037	2,968,140
2063	1,825,765	717,950	110,333	2,654,048
2064	1,627,502	650,751	86,114	2,364,367
2065	1,444,004	586,857	67,177	2,098,038
2066	1,275,310	526,403	52,477	1,854,190
2067	1,121,204	469,509	41,122	1,631,835
2068	981,176	416,264	32,373	1,429,813
2069	854,582	366,736	25,624	1,246,942
2070	740,665	320,963	20,396	1,082,024
2071	638,631	278,954	16,314	933,899
2072	547,662	240,688	13,098	801,448
2073	466,929	206,097	10,535	683,561
2074	395,622	175,085	8,469	579,176

Schedule SB Attachment (Form 5500) — 2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

On December 31, 1991, prior plans were merged into the plan. The plan was last restated January 1, 2022 and last amended December 27, 2024. The following benefit multipliers for non-bargained hourly participants actively employed on January 1, 2017 became effective January 1, 2017:

- $5 increase in the applicable multiplier for all years of service prior to 2017;
- $10 increase in the applicable multiplier for service beginning in 2017.

The effective date for other applicable schedules is shown below:

Applicable Schedule	Effective Date
IUOE Local 428	November 23, 2020
Arizona Teamsters Local 104	April 11, 2004
AFL-CIO 4317 (Midwest)	December 4, 2001
AFL-CIO, Local 134 (Midwest)	January 1, 2023
IUOE Local 318 (Southern and Gulf)	April 15, 2000
Local Union 519 (Midsouth)	April 1, 1999

Eligibility

Hourly employee in the Construction Materials Division (non-bargained or a member of certain bargaining units) who is at least 21 years and has completed one year of employment service. Nonunion employees hired on or after July 15, 2007 are not eligible for the plan. Benefit accruals for Local 104 participants ceased as of July 9, 2007. See Table I for additional eligibility requirements.

As of December 31, 2018, former Arundel hourly participants who were accruing benefits in The Retirement Plan for Hourly Paid Employees of the Chemicals Division became eligible for this plan.

Normal Retirement

Eligibility	First day of the month following the sixty-fifth birthday.
Benefit	Dollar multiplier times benefit service (see Table 1).

Early Retirement

Eligibility	Age 55 with five years of vesting service.
Benefit	Accrued benefit determined as in normal retirement, reduced actuarially for each month benefit commencement precedes normal retirement date.

Disability Retirement

Eligibility	Disability prior to January 1, 2008 with 15 years of employment service (five years of vesting service for Arizona Teamsters Local 104 and IUOE Local 428).
Benefit	Generally $250 per month, with the following exceptions, payable to normal or early retirement:

Applicable Schedule	Disability Benefit
AFL-CIO 4317 (Midwest)	$130 per month
AFL-CIO, Local 134 (Midwest)	$130 per month
Local Union 519 (Midsouth)	$100 per month

If benefit service is less than 15 years, benefit is reduced by ratio of years of benefit service to 15.

Upon normal or earlier actual retirement, the normal or early retirement benefit plus any excess of the disability retirement benefit over the sum of the normal or early retirement benefit and the age 65 Social Security benefit.

Termination

Eligibility	Five years of vesting service.
Benefit	Accrued benefit is determined as in normal retirement, reduced actuarially for each month benefit commencement precedes normal retirement date.

Preretirement Death Benefits

On or After Age 55	A vested participant's eligible spouse is entitled to receive a monthly benefit equal to 44 percent of the participant's accrued benefit, adjusted for more than 60-month age difference between spouse and participant. The benefit is reduced for commencement prior to the participant's normal retirement date.
Before Age 55	A vested participant's eligible spouse is entitled to receive a monthly benefit determined as if the participant separated from service the day prior to death, or earlier termination date, lived to age 55 or the date the monthly benefit becomes payable, retired under the 50 percent joint and survivor option, and died the next day.

Form of Payment

Normal Form of Payment	Actuarial equivalent 50 percent joint and survivor annuity, if married; life annuity, if single with a 36 month guarantee for employees of Western Division IUOE Local 428 and Arizona Teamsters Local 104.
Optional Forms of Payment	Generally, life annuity; 50 percent, 66⅔ percent, 75 percent, or 100 percent joint and survivor; and 5, 10, or 15-year certain and life. For Western Division IUOE Local 428 and Arizona Teamsters Local 104, life annuity and 50 percent and 75 percent joint and survivor. The optional forms of payment are determined as the actuarial equivalent of the life annuity.

Early Retirement Actuarial Equivalent

Generally, early retirement actuarial reduction factors are based on the 1983 Group Annuity Mortality Table for a 100 percent male population and an interest rate of 7.0 percent, as follows:

Age	Factor
55	0.378
56	0.413
57	0.452
58	0.496
59	0.545
60	0.600
61	0.661
62	0.731
63	0.809
64	0.898
65	1.000

For Western nonunion divisions, the reduction is 0.33 percent per month from age 65 to 62 and actuarial from age 62. For the Western union division IUOE Local 428, the reduction is 5/9 percent for each month that precedes age 62.

Definitions

Benefit Service	See Table 1.
Plan Year	January 1 to December 31.
Vesting Service	Employment after age 18. For former participants of the CalMat Co. of Arizona Teamsters and Operating Engineers Pension Plans, service prior to acquisition is counted toward vesting service.
Employment Service	Years and completed months of employment.

Actuarial Equivalence

Non-Lump Sum	1983 Group Annuity Mortality Table for males with interest at 7 percent compounded annually.
Lump Sum	Based on interest rate and mortality assumptions prescribed by IRC section 417(e).

Table 1

Summary of Major Plan Provisions

Effective January 1, 2017, the flat dollar multipliers shown in Table I below have been increased for non-bargained hourly participants actively employed on January 1, 2017 as follows:

- $5 increase in the applicable multiplier for all years of service prior to 2017; and
- $10 increase in the applicable multiplier for service beginning in 2017.

The increases described above do not apply to the following schedules noted in Table 1 below: IUOE Local 428, Arizona Teamsters Local 104, AFL-CIP 4317 (Midwest), AFL-CIO Local 134 (Midwest), IUOE Local 318 (Southern and Gulf), and Local Union 519 (Midsouth).

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Southern	Employees become plan participants on the first of the month coincident with or next following attainment of age 21 and one year of employment service.	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1950.[1]	The following bargaining units: Alabama (ALA), Birmingham (BHM), Calera (CAL), Central States Materials (CSM), Florida (FLA), Parkwood (PKD), Reed Crushed Stone (RCS), Reco Transportation (RTI), Southern (SON), and Vulcan Gulf Coast Materials (VID).	$33.50 per month for benefit service after 12/31/2005, $32 for benefit service from 1/1/2003 to12/31/2005, $30 for benefit service from 5/1/1998 to12/31/2002, and $19.50 for benefit service prior to 5/1/1998.
		No benefit service is granted prior to 4/15/2000 for participants in IUOE Local 318.	Reed IUOE Local 318 participants.	$30 per month for benefit service after 4/14/2003, $25 for benefit service prior to 4/15/2003; Total service capped at 30 years.

[1] Employees at Calera, Birmingham and Parkwood bargaining units entered the Plan after 45 days, if the 45 days of employment service were completed prior to October 29, 1989, November 10, 1991, and December 8, 1991, respectively.

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Southwest	Same as Southern	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1950.	Participants in the Southwest WMN and SWD bargaining units.	$31 per month for benefit service after 12/31/2005, $28 for benefit service from 1/1/2003 to 12/31/2005, $23 for benefit service from 5/1/1998 to 12/31/2002, and $15 for benefit service prior to 5/1/1998.
Southeast	Same as Southern	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1949.	Participants in bargaining units Georgia (GAP) and South Carolina (SCP).	$31 per month for benefit service after 12/31/2005, $28 for benefit service from 1/1/2003 to 12/31/2005, $25 for benefit service from 5/1/1998 to 12/31/2002, and $20 for benefit service prior to 5/1/1998.
Mideast	Same as Southern	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1948.	Participants in bargaining unit MEH.	$31 per month for benefit service after 12/31/2005, $28 for benefit service from 1/1/2003 to 12/31/2005, $25 for benefit service from 5/1/1998 to 12/31/2002, and $20 for benefit service prior to 5/1/1998.
		For TMH participants, service prior to 10/1/2000 was covered under the pension plan formula sponsored by the previous employer.	Participants in bargaining unit TMH.	$31 per month for benefit service after 12/31/2005, $28 for benefit service from 1/1/2003 to 12/31/2005, and $25 for benefit service from 10/1/2000 to 12/31/2002.

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Midsouth	Same as Southern.[1]	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1948.	Participants in bargaining unit 002 Lexington, Midsouth bargaining unit MSH; and the Chattanooga division bargaining units of Cleveland or Athens, Tennessee (CAT), CHE, Chattanooga (CHN), Dixie Sand and Gravel Plant (DSG), Marion (MAR), Chemicals (RMT), and Wesco Contracting, Inc. (WES).	$31 per month for benefit service after 12/31/2005, $28 for benefit service from 01/01/2003 to 12/31/2005, $25 for benefit service from 5/1/1998 to12/31/2002, and $21 for benefit service prior to 5/1/1998.
			Participants of Knoxville Mack in Teamsters Local Union No. 519.	$15 for each year of benefit service up to 40 years.

[1] Dixie Sand and Gravel employees hired prior to 1986 became eligible on the January 1 following their hire date.

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Midwest	Same as Southern.	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to (1) 1/1/1981 for participants represented by IBEW Local 134, (2) 2/2/1972 for steelworkers at the McCook Lime Plant in bargaining unit 317, and (3) 12/18/1982 for participants at Wanatah and Casey.	Participants represented by the International Brotherhood of Electrical Workers. AFL-CIO, Local No. 134.	For terms on or after 1/1/2023, $77.00 per month for all years of benefit service; For terms on or after 1/1/2019, $75.00 per month for all years of benefit service; For terms on or after 1/1/2011, $72.50 per month for all years of benefit service; For terms during 2010, $70.00 per all years of service; For terms during 2009, $69 for all years of service; For terms during 2008, $67.50 for all years of service. For terms during 2007, $66.00 for all years of service. Total service capped at 40 years.
			Employees of the McCook Lime Plant who are covered by the United Steelworkers of America. AFL-CIO, Local 4317, bargaining unit 317.	For terms on or after 12/4/2005, $35 per month for all years of benefit service. Total service capped at 35 years.
			Iowa participants in bargaining unit IAH.	$20 per month for each year of benefit service.
			Participants at Casey location, bargaining units 844 and ILH.	$40 per month for benefit service after 12/31/2002; $35 for benefit service prior to 1/1/2003.
			Participants of Wanatah Trucking Company, Inc., bargaining unit WTH.	$26 per month for each year of benefit service.
			Francesville and Monon, Indiana participants in bargaining unit MWH.	$26 per month for each year of benefit service.

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Western/ CalMat	Same as Southern (7/1/1999 if participant in prior CalMat plan)	Service for benefit accruals is granted after Plan eligibility. No service is granted prior to 6/12/1994. Service from 6/12/1994 to 7/1/1999 is based on hours completed in plan year. No benefit accruals are granted for service on or after 7/9/2007.	Participants of Arizona Teamsters Local 104.	$45 per month for benefit service from 4/12/2004 to 7/8/2007; and $40 for benefit service from 6/12/1994 to 4/12/2004. Benefit accruals ceased as of 7/9/2007.
Western/ CalMat	Same as Southern (7/1/1999 if participant in prior CalMat plan)	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 1/1/1998. Service from 1/1/1998 to 7/1/1999 is based on hours completed in plan year. No benefit accruals are granted for service on or after 1/1/2021.	Participants of IUOE Local 428.	$50.75 per month for benefit service after 12/03/2018 $50 per month for benefit service after 12/03/2017; $49 per month for benefit service after 12/06/2015; $48.50 for benefit service from 12/07/2014 to 12/05/2015; $48 for benefit service from 12/08/2013 to 12/06/2014 ; $47.50 for benefit service from 12/09/2012 to 12/07/2013; $47 for benefit service from 12/15/2011 to 12/09/2012; $46 for benefit service from 12/15/2010 to 12/14/2011; $45.50 for benefit service from 12/15/2009 to 12/14/2010; $45 for benefit service from 12/12/2007 to 12/14/2009; $44 for benefit service from 12/12/2005 to 12/11/2007; $43 for benefit service from 12/12/2004 to 12/11/2005; $40 for benefit service from 12/12/2001 to 12/11/2004; $36 for benefit service from 12/12/1999 to 12/11/2001; and $30 for benefit service prior to 12/12/1999.

Company Division	Plan Eligibility	Benefit Service	Location	Flat Dollar Multiplier
Western/ Calmat	Same as Southern	Service for benefit accruals is granted after Plan eligibility. No benefit service is granted prior to 2/1/1999.	Participants at the following Western locations: LA Area Asphalt & Electricians, San Diego Area Asphalt & Electricians, Bakersfield Asphalt, Irvine Lake, Sacramento, Soledad, Palomar Transit, LA Area Rock & Sand (includes Azusa Rock), San Diego Area Rock & Sand, & Sanger (Bargaining units N03, N04, N05, N06, N27, CZM, PTM).	$70 per month for benefit service after 12/31/2006; $65 for benefit service from 1/1/2004 to 12/31/2006; $60 for benefit service from 5/31/2002 to 12/31/2003; and $50 prior to 6/1/2002.
			Participants at the following Western locations: Arizona and New Mexico (Bargaining units N13, N14, N20, CZH).	$50 per month for benefit service after 12/31/2006; $45 for benefit service from 3/1/2003 to 12/31/2006; and $40 for benefit service prior to 3/1/2003.
			Participants at the following Western locations: Fresno, Fowler, Los Banos, Techachapi, and any landfill, landscape or guardtop plant (CA only) (Bargaining units N17, N19, N31, TRP).	$70 per month for benefit service after 12/31/2006; $65 for benefit service from 1/1/2004 to 12/31/2006; $60 for benefit service from 5/31/2002 to 12/31/2003; $40 for benefit service prior to 6/1/2002.

Summary of Plan Provisions for Former Arundel Corporation and Virginia Concrete Plan

Effective Date	January 1, 1957. Effective December 31, 2008, The Arundel Corporation and Virginia Concrete Company, Inc. was merged into The Retirement Plan for Hourly Employees of the Chemicals Division. Effective December 31, 2018, former Arundel employees who were accruing benefits in The Retirement Plan for Hourly Paid Employees of the Chemicals Division were transferred into The Pension Plan for Hourly Paid Employees of the Construction Materials Division.
Eligibility	First of month following six months of service and attainment of age 20½. Participation was frozen as of January 1, 1996. ● As of May 9, 2003, former members of Teamsters Local No. 639 became eligible for the plan retroactive to October 1, 2000.
Normal Retirement	
Eligibility	First of month next following age 65.
Benefit	
Arundel Corporation	The monthly benefit equals the maximum of (1) and (2), multiplied by (3) (but not less than (4)): (1) 62 percent of final average compensation less 75 percent of primary Social Security benefit; (2) $600; (3) A fraction (not to exceed 1), the numerator of which is the benefit service the participant would have based on employment with the employer to normal retirement and the denominator of which is 30; (4) Accrued benefit as of December 31, 1994.
Former Teamster	The monthly benefit equals the maximum of (1) and (2), reduced by (3) and (4): (1) 1⅔ percent of final average compensation less 1⅓ percent of primary Social Security benefit, times benefit service up to 30 years, plus ¾ percent of final average compensation times benefit service in excess of 30 years;

	(2) Monthly pension based on benefit service to September 30, 1976, plus minimum monthly pension for each year of benefit service after September 30, 1976; (3) Lehigh Plan benefit; (4) Union benefit earned while an employee of the company.
Early Retirement	
Eligibility	Age 50 with 15 years of service for Arundel participants. Age 55 with five years of service for Teamsters participants.
Benefit	Retirement benefit reduced by 5/12 percent for each of the first 120 months prior to normal retirement and actuarially thereafter. For Arundel Corporation, the normal retirement benefit is multiplied by a fraction (not to exceed 1) of benefit service as of determination date to benefit service projected to normal retirement date (not to exceed 30).
Teamsters' Early Retirement Temporary Annuity	
Eligibility	For specified employees and their spouses, age 62 with 15 years of service.
Benefit	A temporary annuity of $227.88 per month is payable until age 65 for the participant. Upon the spouse's attainment of age 62, a temporary annuity of $126.15 per month is also payable until the spouse attains age 65.
Termination	
Eligibility	100 percent vested with five years of vesting service.
Benefit	The benefit payable at normal retirement or reduced for early retirement if payment begins before normal retirement.
Preretirement Death Benefits	
Benefit	A vested participant's eligible spouse is entitled to receive a monthly benefit determined as if the employee had separated from service immediately prior to death and had elected a 50 percent joint and survivor option. Benefit to spouse cannot begin before the date the participant would have been eligible for earliest retirement age.

Disability Benefits

Eligibility	Five years of service and qualifies for company's Long-Term Disability Plan.
Benefit	Participant continues to earn service and level compensation for each year of disability prior to commencing benefits. For commencement prior to normal retirement, the benefit is reduced by 5/12 percent for each of the first 120 months prior to normal retirement and actuarially thereafter.

Definitions

Vesting Service	One year of vesting service for each 12 months in which 1,000 hours of service are completed.
Benefit Service	One year of benefit service for each plan year in which 1,000 hours of service are completed. Prior to January 1, 1976, completed years and months of employment.
Teamsters Local No. 639 (former members)	Former members of Teamsters Local No. 639 begin to earn benefit service as of October 1, 2000. Each former Teamster will also be credited, on a pro rata basis, benefit service earned prior to October 1, 2000 (to a maximum of 20 years of prior service). Prior service is credited in an amount equal to prior service with Virginia Concrete through September 30, 2000/service from October 1, 2000 to age 60 for each year of benefit service after October 1, 2000. Participants over age 60 as of October 1, 2000 will be credited with the full amount of their prior service as of October 1, 2000.
Plan Year	January 1 to December 31.
Compensation	Earnings excluding overtime, bonuses, commissions, or other special compensation.
Final Average Compensation	For former Teamsters participants, highest average monthly compensation over the 36 consecutive calendar months during the last 120 calendar months immediately preceding termination of employment or the date participation ceased. For Arundel Corporation participants, highest average monthly compensation over any five consecutive plan years during the 10 plan years immediately preceding termination of employment or the date participation ceased.

Primary Social Security	An estimate of the monthly old-age benefit which would be available at age 65 based on current laws and Social Security wages assumed to continue at the same rate to the participant's normal retirement date.
Form of Payment	
Normal Form of Payment	Actuarial equivalent 50 percent joint and survivor annuity, if married; life annuity, if single.
Optional Forms of Payment	50 percent, 66⅔ percent, 75 percent, or 100 percent joint and survivor annuity; 5, 10, 15, or 20 year certain and life annuity; and a Social Security level income option. The optional forms of payment are determined as the actuarial equivalent of the life annuity.
Actuarial Equivalence	
Non-lump Sum	UP 1984 Mortality Table with interest at 8.0 percent.
Lump Sum	Based on interest rate and mortality assumptions prescribed by IRC section 417(e).

Changes in Plan Provisions for the January 1, 2025 Valuation

The January 1, 2025 valuation reflects the following plan changes:

- The legislated Section 401(a)(17) recognizable pay limit increased from $345,000 for 2024 to $350,000 for 2025.
- The legislated Section 415 dollar limits for defined benefit plans increased from $275,000 for 2024 to $280,000 for 2025.

Changes in Plan Provisions for the January 1, 2024 Valuation

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

- An increase in the benefit multiplier for employees of IBEW Local 134 from $75.00 per year of service for all years up to a maximum of 40, to $77.00 per year of service for all years up to a maximum of 40, for terminations on or after January 1, 2023.
- The legislated Section 401(a)(17) recognizable pay limit increased from $330,000 for 2023 to $345,000 for 2024.
- The legislated Section 415 dollar limits for defined benefit plans increased from $265,000 for 2023 to $275,000 for 2024.

Changes in Plan Provisions for the January 1, 2023 Valuation

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

- Limit Changes
  - The legislated Section 401(a)(17) recognizable pay limit increased from $305,000 for 2022 to $330,000 for 2023.
  - The legislated Section 415 dollar limit for defined benefit plans increased from $245,000 for 2022 to $265,000 for 2023.

Changes in Plan Provisions for the January 1, 2022 Valuation

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

- Limit Changes
  - The legislated Section 401(a)(17) recognizable pay limit increased from $290,000 for 2021 to $305,000 for 2022.
  - The legislated Section 415 dollar limit for defined benefit plans increased from $230,000 for 2021 to $245,000 for 2022.

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Changes in Plan Provisions for the January 1, 2021 Valuation

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

- Limit Changes
  - The legislated Section 401(a)(17) recognizable pay limit increased from $285,000 for 2020 to $290,000 for 2021.
- An annuity lift-out in 2021 transferred the liability for retirees and beneficiaries with monthly benefits of $600 or less to an insurance company.

No benefit accruals are granted for service on or after January 1, 2021 for plan participants in the Arizona International Union of Operating Engineers Local No. 428.

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 14,674,583	January 1, 2024	14	$ 1,414,992
Shortfall	$ (3,215,067)	January 1, 2025	15	$ (296,328)

Schedule SB Attachment (Form 5500) —2025 Plan Year
CMG Hourly Pension Plan
EIN: 20-8579133 PN: 020

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the unlimited expected return on assets from 4.85 percent to 5.90 percent.

This change was made to better reflect anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.