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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CRH AMERICAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1951

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CRH AMERICAS, INC.

900 ASHWOOD PARKWAY
ATLANTA, GA 30338

2b Employer Identification Number (EIN) 95-3298140

2c Plan Sponsor's telephone number 770-804-3363

2d Business code (see instructions) 237310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	KYLE BACKES
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4519
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)**	1557
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1543
b	Retired or separated participants receiving benefits	**6b**	1534
c	Other retired or separated participants entitled to future benefits	**6c**	1136
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4213
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	271
f	Total. Add lines **6d** and **6e**.	**6f**	4484
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**	2
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:

1A 3D 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **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
CRH AMERICAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CRH AMERICAS, INC.

D Employer Identification Number (EIN)
95-3298140

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	426217331
b Actuarial value	**2b**	429170431

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	1720	290017163	290017163
b For terminated vested participants	1276	69951587	69951587
c For active participants	1557	99269671	102380963
d Total	4553	459238421	462349713

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1394106
b Expected plan-related expenses	**6b**	2624000
c Target normal cost	**6c**	4018106

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	09/29/2026 Date
TIMOTHY J NUGENT, FSA, EA, MAAA Type or print name of actuary	26-07099 Most recent enrollment number
MILLIMAN, INC. Firm name	610-975-5051 Telephone number (including area code)
801 CASSATT ROAD SUITE 111 BERWYN, PA 19312 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)	27026230	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3364046	0
9	Amount remaining (line 7 minus line 8)	23662184	0
10	Interest on line 9 using prior year's actual return of 2.58 %	610484	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	24272668	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.57 %
15	Adjusted funding target attainment percentage	15	87.57 %
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	102.81 %
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
07/13/2026	1870000	0			
09/08/2026	2500000	0			
			Totals ► 18(b)	4370000	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	4017846

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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	4018106
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	57451950	5343333
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	9361439

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	9361439	0	9361439

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4017846

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

a Total (excess, if any, of line 37 over line 36)	**38a**	4017846
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	4017846
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
CRH AMERICAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRH AMERICAS, INC.

D Employer Identification Number (EIN)
95-3298140

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	119907	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	92326	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT HEADQUARTE

20-0166430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INCOME RESEARCH & MANAGEMENT COLLEC

46-1964829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	28615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	27092	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

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

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

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
CRH AMERICAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CRH AMERICAS, INC.

D Employer Identification Number (EIN)
95-3298140

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	IR&M LONG CORPORATE COLLECTIVE FUND		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 37-6567224-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59429745
a Name of MTIA, CCT, PSA, or 103-12 IE:	NEPC GLOBAL EQUITY CIT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21322907
a Name of MTIA, CCT, PSA, or 103-12 IE:	NEPC EMERGING MARKETS EQUITY CIT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7568677
a Name of MTIA, CCT, PSA, or 103-12 IE:	NEPC DIVERSIFIED CREDIT CIT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15720069
a Name of MTIA, CCT, PSA, or 103-12 IE:	NEPC US SMALL CAP EQUITY CIT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 86-6497312-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6443018
a Name of MTIA, CCT, PSA, or 103-12 IE:	NT COLLECTIVE SHORT TERM INVT FD		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6208140
a Name of MTIA, CCT, PSA, or 103-12 IE:	METLIFE INV MANAGEMENT MASTER CIT		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN 46-2596644-062	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62327147

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 FLAGSHIP NL FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25997679

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX NL FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-241	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7439833

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US TREAS IN NL FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-479	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66943255

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US1000 IN NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 06-6556853-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8815960

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. TREAS IN NL CTF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 85-1553502-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21736477

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 20YEAR US TREAS IN NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-169	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17774372

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INVGRADE INTERMEDIATE

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-206	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73499177

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT, LLC

c EIN-PN 04-2929221-016	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9344366

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

b Name of sponsor of entity listed in (a): PACIFIC DIVERSIFIED STRATEGIES, LLC

c EIN-PN 20-1194001-000	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301469

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
CRH AMERICAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRH AMERICAS, INC.

D Employer Identification Number (EIN)
95-3298140

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2338	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	4370000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	301247	316709
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)	297823994	401226456
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	110272283	9645835
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16558488	16337461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1554247	1299726

		(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	426512597	433196187
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	295266	300116
1k Total liabilities (add all amounts in lines 1g through1j)	1k	295266	300116
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	426217331	432896071

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)	4370000	
(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)		4370000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	122895	
(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)		122895
(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)	4645397	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4645397
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	105840919	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	99782092	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6058827
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-591991	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-591991

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		25666776
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		2033609
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		883982
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		43189495
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34051203	
(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)		34051203
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)	188528	
(6) Bank or trust company trustee/custodial fees	2i(6)	119907	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2151117	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2459552
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36510755
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6678740
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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 585659.

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
CRH AMERICAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRH AMERICAS, INC.

D Employer Identification Number (EIN)
95-3298140

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 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): 38-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 67

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: 20.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 74.1 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.5 % Other: 4.1 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705203A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 CRH AMERICAS PENSION PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CRH AMERICAS, INC.	**D** Administrator's EIN 95-3298140

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II Participating Employer Information.

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

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

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

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

Part III Pooled Employer Plan Information

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

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

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

ACK ID _____

CRH Americas Pension Plan

Employer ID No: 95-3298140
Plan Number: 001

Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025, Supplemental Schedules as of and for the Year Ended December 31, 2025, and Independent Auditor's Report

CRH AMERICAS PENSION PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1–3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	5
Notes to Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025	6–15
SUPPLEMENTAL SCHEDULES:	16
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2025	17
Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2025	18-19

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

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of CRH Americas Pension Plan

Opinion

We have audited the financial statements of CRH Americas Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

• Exercise professional judgment and maintain professional skepticism throughout the audit.

• Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

• Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

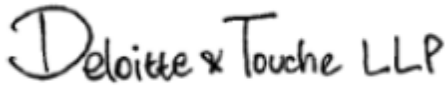
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, and supplemental schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



October 9, 2026

CRH AMERICAS PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Cash	$ -	$ 2,338
Investments—at fair value	428,509,478	426,209,012
Total investments	428,509,478	426,211,350
Receivables:		
Accrued income	311,706	300,412
Due from broker	5,003	835
Total receivables	316,709	301,247
Total assets	428,826,187	426,512,597
LIABILITIES—Due to broker	300,116	295,266
Total liabilities	300,116	295,266
NET ASSETS AVAILABLE FOR BENEFITS	$ 428,526,071	$ 426,217,331

See accompanying notes to financial statements.

CRH AMERICAS PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

INVESTMENT INCOME:	
Interest and dividends	$ 4,768,292
Net appreciation in fair value of investments	34,051,203
Net investment income	38,819,495
DEDUCTIONS:	
Benefit payments	(34,051,203)
Administrative expenses	(2,459,552)
Total deductions	(36,510,755)
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,308,740
NET ASSETS AVAILABLE FOR BENEFITS—Beginning of year	426,217,331
NET ASSETS AVAILABLE FOR BENEFITS—End of year	$ 428,526,071

See accompanying notes to financial statements.

CRH AMERICAS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

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

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

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

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

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

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

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

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

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

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

During 2025, the Plan was updated to increase the collectively bargained monthly pension factor rates for the Chanute union, Rivergate union, Durkee IBEW union and Montana City union within the Ash Grove Wage Retirement Plan.

During 2025, the plan was amended and restated to adopt provisions under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act of 2022, to update the provisions related to small automatic cash-outs and required beginning date.

Pension Benefits

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

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

Lyman-Richey Corporation Employees Restated Retirement Plan—Eligible employees are entitled to monthly pension benefits beginning at normal retirement age (65). Employees may elect to receive their pension benefits in the form of an annuity, a joint and survivor annuity, or in certain situations, in a lump sum. The Plan permits early retirement at ages 55 to 64 if a participant has accumulated 15 years of service. If a participant elects early retirement, monthly pension benefits are reduced prior to age 65. The Plan also permits late retirement, in which no pension benefits shall be paid until after the late retirement date. The Plan allows participants with a vested accrued benefit less than $25,000 to elect to receive their pension benefit in the form of a lump sum provided the participants have terminated employment, are qualified for early or normal retirement, and have not begun to receive payment of plan benefits. Participants were 100% vested as of December 31, 2018.

Ash Grove Materials Retirement Plan—Monthly retirement benefits are based on years of credited service and compensation for the 60 consecutive months preceding retirement. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The amount is the participant's accrued benefit (100% vested) on the date of termination. Payment of the deferred vested pension is subject to the same terms as regular pension benefits. The Plan offers a deferred vested pension to participants if employment is terminated after completing five years of service or attaining age 65. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement benefits after attaining age 55 and completing 10 years of service.

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

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

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

Plan Termination—Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of plan benefits to the participants and beneficiaries of the Plan in the order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for those benefits, the

priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates—The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

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

Concentrations of Investments—The Plan's investments in the following funds accounted for greater than 10% of the total investments as of December 31, 2025 and 2024:

	2025	2024
LGIMA LONG DURATION US CREDIT FUND LLC	*	23%
CF WTC-CIF II US INV GRADE INTERMEDIATE CORPORATE	17%	17%
CF SSGA LONG US TREASURY INDEX NL	16%	14%
METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	15%	*
CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	14%	*

* Investment in fund was less than 10% of total investments

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

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

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

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

3. FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Collective Trusts—Valued at the NAV of units of a collective trust. The NAV, as provided by the fund managers, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner. All collective trusts held by the Plan are direct filing entities and have no unfunded commitments. The collective trusts provide for daily redemptions by the Plan at reported NAVs per share, with no advance notice requirement.

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

Limited Partnerships	Objective/Holding Strategy	Unfunded Commitments	Redemption Restrictions
Alcentra European Credit Opportunities-Fund II	To generate attractive risk-adjusted returns through a blend of capital appreciation and current income.	$3,612,708	Not redeemable. Fund has a six-year term.

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

Limited Liability Companies	Redemption Restrictions
LGIMA Long Duration US Credit Fund, LLC (sold during 2025)	One business day with advance written notice
Pacific Diversified Strategies, LLC	Quarterly with 90-day written notice
Acadian Non-US All CAP Equity Fund USD Hedged LLC	10 business days with advance written notice

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

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

	Fair Value Measurements as of December 31, 2025 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Investments - mutual fund	$ 16,337,461	$ -	$ -	$ 16,337,461
Total investments in fair value hierarchy	16,337,461	-	-	16,337,461
Investments measured at NAV*:				
Collective trusts	-	-	-	401,226,456
Limited liability companies	-	-	-	9,645,835
Limited partnerships	-	-	-	1,299,726
Total investments measured at NAV	-	-	-	412,172,017
Total investments—at fair value	$ 16,337,461	$ -	$ -	$ 428,509,478

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

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

4. ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is determined by an 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 at December 31, 2025 and 2024, are presented using end-of-year benefit information date. The actuarial present value of accumulated plan benefits is measured as of January 1, 2026 and 2025, which is a proxy for December 31, 2025 and 2024, respectively. The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1 recognized in the actuarial present value of accumulated plan benefits below.

The accumulated plan benefit information as of December 31, 2025 and 2024, is presented below:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 277,890,406	$ 271,046,449
Other participants	141,970,361	153,662,607
	419,860,767	424,709,056
Nonvested benefits	895,484	2,719,246
Total actuarial present value of accumulated plan benefits	$ 420,756,251	$ 427,428,302

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025, are as follows:

Actuarial present value of accumulated plan benefits-December 31, 2024	$ 427,428,302
Increase (decrease) attributable to:	
Change in discount period	24,633,224
Benefits accumulated, including experiences gains and losses	3,326,940
Benefits paid	(34,051,203)
Change in actuarial assumptions	(581,012)
Net decrease	(6,672,051)
Actuarial present value of accumulated plan benefits-December 31, 2025	$ 420,756,251

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024, were as follows:

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

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

5. EXEMPT PARTIES-IN-INTEREST TRANSACTIONS

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

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

6. TAX STATUS

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

7. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan in amounts, as determined by an independent actuary, that at least meet the minimum requirements of the Code and ERISA. Such contributions are intended to fund plan benefits and provide specific levels of monthly retirement income to participants. Contributions may exceed the minimum requirements if determined to be beneficial to the Company for cost recoverability, tax, or other regulatory reasons. The Company was not required to make cash contributions to the Plan for the years ended December 31, 2025 and 2024 in order to meet the minimum funding requirements of the Code and ERISA.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Company made an elective employer contribution of $4,370,000 during 2026. The employer contribution was applied to the plan year ended December 31, 2025 for Form 5500 purposes. For GAAP purposes, the employer contribution of 4,370,000 will be reflected for the year ended December 31, 2026.

	December 31, 2025
Net assets available for benefits per the financial statements	$ 428,526,071
Employer contributions subsequent to year-end	4,370,000
Net assets available for benefits per Form 5500	$ 432,896,071

	December 31, 2025
Increase in net assets available for benefits per financial statements	$ 2,308,740
Employer contributions subsequent to year-end	4,370,000
Net income per Form 5500	$ 6,678,740

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 9, 2026, the date the financial statements were available to be issued. Effective January 1, 2026, Fidelity Management Trust Company serves as the trustee of the Plan.

* * * * * *

SUPPLEMENTAL SCHEDULES

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund:			
	PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	$ 16,736,915	$ 16,337,461
	Collective Trusts:			
	Global Trust Company	CF NEPC EMERGING MARKETS EQUITY CIT	6,416,796	7,568,677
	Global Trust Company	CF NEPC GLOBAL EQUITY CIT	15,774,299	21,322,907
	Global Trust Company	CF NEPC DIVERSIFIED CREDIT CIT	15,101,071	15,720,069
	Global Trust Company	CF NEPC US SMALL CAP EQUITY CIT	4,485,906	6,443,018
	State Street Global Advisors Trust Company	CF FTSE RAFI US 1000 INDX NL CTF	5,689,727	8,815,960
	State Street Global Advisors Trust Company	CF SSGA LONG US TREASURY INDEX NL	69,086,169	66,943,255
	State Street Global Advisors Trust Company	CF SSGA S&P 500 FLAGSHIP NL FUND	17,405,082	25,997,679
	State Street Global Advisors Trust Company	CF STATE STREET U.S. TREASURY INDEX NL	20,911,279	21,736,477
	State Street Global Advisors Trust Company	CF SSGA 20+ YEAR US TREASURY STRIPS INDX (CMCA) FD	23,206,428	17,774,372
	State Street Global Advisors Trust Company	MSCI EAFE INDEX NL FD	5,585,541	7,439,833
	Wellington Trust Company	CF WTC-CIF II US INV GRADE INTERMEDIATE CORPORATE	78,431,489	73,499,177
	Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	56,921,325	59,429,745
	SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	62,327,147
*	Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	6,208,140	6,208,140
				401,226,456
	Limited Partnerships:			
	Alcentra	EUROPEAN CREDIT OPPORTUNITIES-FUND II	1,773,911	1,299,726
	Limited Liability Companies:			
	Acadian Asset Management	ACADIAN NON-US ALL CAP EQUITY FUND USD HEDGED LLC	4,757,025	9,344,366
	Pacific	PACIFIC DIVERSIFIED STRATEGIES, LLC	1	301,469
				9,645,835
				$ 428,509,478

*Represents a party-in-interest to the Plan

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE TRANSACTIONS)
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	Expense Incurred With Transaction	(g) Cost of Assets	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Reliance Trust Company	LGIMA LONG DURATION US CREDIT FUND LLC	$ -	$ 60,000,000	$ -	1	$ -	$ 60,000,000	$ 60,000,000	$ -
SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	-		1	-	60,000,000	60,000,000	$ -
Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	30,000,000	-	-	1	-	30,000,000	30,000,000	$ -
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	32,310,299	-	-	1	-	32,310,299	32,310,299	$ -
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	-	27,007,525	-	1	-	27,007,525	27,007,525	$ -
PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	-	22,180,552	-	1	-	21,928,038	22,180,552	$ 252,514

*Represents a party-in-interest to the Plan

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (SERIES OF TRANSACTIONS)
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	Expense Incurred With Transaction	(g) Cost of Assets	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Reliance Trust Company	LGIMA LONG DURATION US CREDIT FUND LLC	$ -	$ 105,310,300	$ -	2	$ -	$ 76,724,592	$ 105,310,300	$ 28,585,708
Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	30,000,000	33,618	-	13	-	30,031,869	30,033,618	1,749
Global Trust Company	CF NEPC DIVERSIFIED CREDIT CIT	11,000,000	18,000,000	-	6	-	26,571,583	29,000,000	2,428,417
State Street Global Advisors Trust Company	CF SSGA LONG US TREASURY INDEX NL	18,000,000	12,511,858	-	11	-	31,300,759	30,511,858	(788,901)
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	81,495,339	77,856,342	-	104	-	159,351,681	159,351,681	-
PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	21,375,542	22,480,552	-	9	-	43,614,782	43,856,094	241,312
SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	-		1	-	60,000,000	60,000,000	-

*Represents a party-in-interest to the Plan

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Line 26a – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	19	2	-	-	-	-	-	-	-	21
25–29	-	34	9	-	-	-	-	-	-	-	43
30–34	3	33	33	1	-	-	-	-	-	-	70
35–39	9	55	53	21	4	-	-	-	-	-	142
40–44	3	43	51	35	20	4	-	-	-	-	156
45–49	1	35	56	41	19	13	3	1	-	-	169
50–54	1	41	67	41	47	41	5	9	-	-	252
55–59	4	28	85	44	49	39	15	21	-	1	286
60–64	1	37	57	68	38	31	25	30	5	1	293
65–69	-	12	31	25	14	13	10	7	-	-	112
70+	-	-	5	3	2	2	-	-	-	1	13
Total	22	337	449	279	193	143	58	68	5	3	1,557

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Line 26a – Schedule of Active Participant Data

The average annual accrued benefit of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Average**
0–24	-	951	3,023	-	-	-	-	-	-	-	1,149
25–29	-	1,437	3,246	-	-	-	-	-	-	-	1,815
30–34	412	1,493	3,661	6,204	-	-	-	-	-	-	2,536
35–39	300	1,553	3,836	6,161	8,647	-	-	-	-	-	3,207
40–44	427	1,451	3,828	7,397	9,083	11,096	-	-	-	-	4,768
45–49	777	1,772	4,595	8,510	10,272	11,786	13,761	15,288	-	-	6,355
50–54	266	1,584	4,414	6,032	13,927	13,927	24,531	16,490	-	-	8,047
55–59	1,159	1,532	4,886	7,588	16,553	16,553	19,890	16,833	-	20,286	9,514
60–64	534	1,723	3,940	8,681	14,445	14,445	24,651	18,949	36,333	20,160	10,655
65–69	-	1,654	5,859	9,269	15,891	15,891	20,962	21,204	-	-	10,551
70+	-	-	3,573	7,436	12,362	12,362	-	-	-	20,874	8,473
Average	519	1,536	4,336	7,774	11,464	14,638	22,210	18,148	36,333	20,440	7,525

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

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

Actuarial Cost Method

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

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the adjusted fair market value of assets over two years using three data points, not less than 90% nor greater than 110% of market value of assets on the valuation date, as permitted under IRS Notice 2009-22. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year. Utilization of this method is in accordance with an election made by the Plan Sponsor starting with the 2023 plan year.

Amortization Method

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

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

	Minimum Funding
Segment 1 (0–5 years)	5.00%
Segment 2 (5–20 years)	5.27%
Segment 3 (20+ years)	5.50%
Effective Interest Rate	5.33%

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

Expected Return on Assets: 6.00%, compounded annually.

Inflation (CPI)

2.35%, compounded annually.

Demographic and Other Noneconomic Assumptions

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

Mortality

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

Retirement

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

Age	Ash Grove	Callanan Salaried Accelerated	Lyman-Richey	Tilcon - Trap Rock	All Others *
55	3.00%	20.00%	4.00%	10.00%	10.00%
56	3.00%	10.00%	4.00%	1.00%	2.00%
57	3.00%	10.00%	4.00%	5.00%	2.00%

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Age	Ash Grove	Callanan Salaried Accelerated	Lyman-Richey	Tilcon - Trap Rock	All Others *
58	3.00%	10.00%	4.00%	1.00%	2.00%
59	3.00%	10.00%	4.00%	5.00%	2.00%
60	10.00%	40.00%	10.00%	5.00%	2.00%
61	10.00%	20.00%	5.00%	10.00%	2.00%
62	40.00%	60.00%	25.00%	100.00%	15.00%
63	30.00%	20.00%	15.00%	100.00%	10.00%
64	20.00%	20.00%	15.00%	100.00%	5.00%
65	100.00%	100.00%	50.00%	100.00%	100.00%
66	100.00%	100.00%	50.00%	100.00%	100.00%
67	100.00%	100.00%	100.00%	100.00%	100.00%

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

Termination

Annual rates of withdrawal for participants not yet eligible for retirement, based on their former plan. For “All Other” participants, rates of withdrawal are based on the T-3 Table from the Pension Actuary Handbook. Illustrative rates are as follows:

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

Disability

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Age	Male	Female
20	0.29%	0.43%
25	0.28%	0.42%
30	0.27%	0.41%
35	0.29%	0.43%
40	0.32%	0.49%
45	0.41%	0.61%
50	0.57%	0.86%
55	0.87%	1.30%
60	1.36%	2.04%
65 and over	0.00%	0.00%

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

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

Decrement Timing

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Administrative Expenses

$2,624,000, payable mid-year. Estimated current year administrative expenses plus the expected PBGC Premium, rounded to the nearest $1,000.

Marital Characteristics

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

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

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

Form of Payment

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

- **Funding:** Benefits were converted to a lump sum for retiring members using interest rates as permitted under 430(h)(2) and Applicable Mortality as required under 417(e)(3) for benefits paid during 2025 under PPA.

Participant Data

As of January 1, 2025.

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE TRANSACTIONS)
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	Expense Incurred With Transaction	(g) Cost of Assets	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Reliance Trust Company	LGIMA LONG DURATION US CREDIT FUND LLC	$ -	$ 60,000,000	$ -	1	$ -	$ 60,000,000	$ 60,000,000	$ -
SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	-		1	-	60,000,000	60,000,000	$ -
Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	30,000,000	-	-	1	-	30,000,000	30,000,000	$ -
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	32,310,299	-	-	1	-	32,310,299	32,310,299	$ -
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	-	27,007,525	-	1	-	27,007,525	27,007,525	$ -
PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	-	22,180,552	-	1	-	21,928,038	22,180,552	$ 252,514

*Represents a party-in-interest to the Plan

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS (SERIES OF TRANSACTIONS)
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	Expense Incurred With Transaction	(g) Cost of Assets	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Reliance Trust Company	LGIMA LONG DURATION US CREDIT FUND LLC	$ -	$ 105,310,300	$ -	2	$ -	$ 76,724,592	$ 105,310,300	$ 28,585,708
Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	30,000,000	33,618	-	13	-	30,031,869	30,033,618	1,749
Global Trust Company	CF NEPC DIVERSIFIED CREDIT CIT	11,000,000	18,000,000	-	6	-	26,571,583	29,000,000	2,428,417
State Street Global Advisors Trust Company	CF SSGA LONG US TREASURY INDEX NL	18,000,000	12,511,858	-	11	-	31,300,759	30,511,858	(788,901)
* Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	81,495,339	77,856,342	-	104	-	159,351,681	159,351,681	-
PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	21,375,542	22,480,552	-	9	-	43,614,782	43,856,094	241,312
SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	-		1	-	60,000,000	60,000,000	-

*Represents a party-in-interest to the Plan

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
CRH Americas Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CRH Americas, Inc.

D Employer Identification Number (EIN)
95-3298140

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2	Assets:		
a	Market value	2a	426,217,331
b	Actuarial value	2b	429,170,431

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,720	290,017,163	290,017,163
b For terminated vested participants	1,276	69,951,587	69,951,587
c For active participants	1,557	99,269,671	102,380,963
d Total	4,553	459,238,421	462,349,713

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	5.33 %
6	Target normal cost		
a	Present value of current plan year accruals	6a	1,394,106
b	Expected plan-related expenses	6b	2,624,000
c	Target normal cost	6c	4,018,106

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

9/29/2026
Date

Timothy J Nugent, FSA, EA, MAAA
Type or print name of actuary

26-07099
Most recent enrollment number

Milliman, Inc.
Firm name

(610) 975-5051
Telephone number (including area code)

801 Cassatt Road
Suite 111
Berwyn PA 19312
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)	27,026,230	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	3,364,046	0
9	Amount remaining (line 7 minus line 8)	23,662,184	0
10	Interest on line 9 using prior year's actual return of 2.58%	610,484	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	24,272,668	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.57%
15	Adjusted funding target attainment percentage	15	87.57%
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	102.81%
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
07/13/2026	1,870,000				
09/08/2026	2,500,000				
			Totals ▶ 18(b)	4,370,000	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	4,017,846

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	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**		4,018,106
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		57,451,950	5,343,333
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		9,361,439

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	9,361,439	0	9,361,439

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,017,846
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4,017,846
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	4,017,846
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

CRH Americas Pension Plan
EIN/PN: 95-3298140/001
Attachment to 2025 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
7/13/2026	2025	5.33%		$ 1,870,000	$ 1,727,288
9/8/2026	2025	5.33%		2,500,000	2,290,558
				-	-
Total				4,370,000	4,017,846

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age for active participants is 63.43. This equals the sum, over all retirement ages of the current active participants, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Age	(b) Expected Active Headcount	(c) Weighted Retirement Rate	(d) (b) x (c) Expected Retirements	(e) (a) x (d) Weighted Age
55	619.9125	0.0495	30.6949	1,688.2221
56	632.9444	0.0277	17.5461	982.5789
57	673.5462	0.0278	18.7161	1,066.8157
58	717.1960	0.0269	19.3267	1,120.9475
59	727.3557	0.0278	20.2503	1,194.7656
60	765.0224	0.0707	54.0613	3,243.6791
61	770.1857	0.0621	47.8083	2,916.3076
62	781.0795	0.2827	220.7944	13,689.2516
63	603.7222	0.1811	109.3631	6,889.8748
64	551.1178	0.1131	62.3398	3,989.7445
65	512.6437	0.9047	463.7876	30,146.1938
66	86.4716	0.6841	59.1575	3,904.3962
67	59.0792	1.0000	59.0792	3,958.3093
68	12.0000	1.0000	12.0000	816.0000
69	10.0000	1.0000	10.0000	690.0000
70	4.0000	1.0000	4.0000	280.0000
71	5.0000	1.0000	5.0000	355.0000
72	5.0000	1.0000	5.0000	360.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
Total			1,220.9252	77,442.0867
Average				63.43

CRH Americas Pension Plan
EIN 95-3298140, PN 001
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$2,040,486	$1,445,807	$29,608,273	$33,094,566
2026	3,143,571	2,122,756	28,717,762	33,984,089
2027	3,839,926	2,602,627	27,796,402	34,238,955
2028	4,618,469	3,063,413	26,678,920	34,360,802
2029	5,249,003	3,527,561	25,787,827	34,564,391
2030	5,837,447	3,847,159	24,863,576	34,548,182
2031	6,246,738	4,284,194	23,896,111	34,427,043
2032	6,655,300	4,589,606	22,924,392	34,169,298
2033	7,055,682	4,779,526	21,879,853	33,715,061
2034	7,372,265	4,992,529	20,829,577	33,194,371
2035	7,620,286	5,129,688	19,795,588	32,545,562
2036	7,823,702	5,272,502	18,742,680	31,838,884
2037	7,982,362	5,364,183	17,685,459	31,032,004
2038	8,088,808	5,454,091	16,628,090	30,170,989
2039	8,136,696	5,477,519	15,567,118	29,181,333
2040	8,180,438	5,501,057	14,498,575	28,180,070
2041	8,145,973	5,473,495	13,443,427	27,062,895
2042	8,098,705	5,422,255	12,396,361	25,917,321
2043	8,007,300	5,324,267	11,360,882	24,692,449
2044	7,896,081	5,210,570	10,347,307	23,453,958
2045	7,755,336	5,080,722	9,363,916	22,199,974
2046	7,581,333	4,936,162	8,414,946	20,932,441
2047	7,388,281	4,778,443	7,506,397	19,673,121
2048	7,159,072	4,608,978	6,643,903	18,411,953
2049	6,915,691	4,417,114	5,832,534	17,165,339
2050	6,648,161	4,225,785	5,076,616	15,950,562
2051	6,366,988	4,006,477	4,379,623	14,753,088
2052	6,061,429	3,787,627	3,743,941	13,592,997
2053	5,739,776	3,558,036	3,170,806	12,468,618
2054	5,411,587	3,325,348	2,660,204	11,397,139
2055	5,084,237	3,088,548	2,210,813	10,383,598

CRH Americas Pension Plan
EIN 95-3298140, PN 001
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
2056	4,754,481	2,856,570	1,820,172	9,431,223
2057	4,429,583	2,626,884	1,484,821	8,541,288
2058	4,105,059	2,401,225	1,200,495	7,706,779
2059	3,789,397	2,184,843	962,393	6,936,633
2060	3,482,742	1,979,534	765,381	6,227,657
2061	3,195,023	1,786,507	604,233	5,585,763
2062	2,917,256	1,603,841	473,854	4,994,951
2063	2,654,257	1,435,359	369,428	4,459,044
2064	2,406,458	1,276,349	286,533	3,969,340
2065	2,178,001	1,132,663	221,243	3,531,907
2066	1,961,914	999,645	170,141	3,131,700
2067	1,764,749	878,976	130,350	2,774,075
2068	1,582,814	770,066	99,494	2,452,374
2069	1,415,577	672,234	75,635	2,163,446
2070	1,262,816	584,742	57,238	1,904,796
2071	1,123,667	506,806	43,083	1,673,556
2072	997,347	437,637	32,218	1,467,202
2073	882,872	376,451	23,908	1,283,231
2074	779,293	322,487	17,580	1,119,360

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of CRH Americas Pension Plan

Opinion

We have audited the financial statements of CRH Americas Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

• Exercise professional judgment and maintain professional skepticism throughout the audit.

• Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

• Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

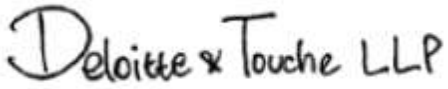
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, and supplemental schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



October 9, 2026

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

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

Basic Information

Plan Name: CRH Americas Pension Plan

Effective Date of Plan: December 1, 1951.

EIN/PN: 95-3298140/001.

Effective Date of Last Amendment: January 1, 2019.

Plan Year: January 1 – December 31.

Common Provisions

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Allied Building Products Corporation Local 107 Retirement Plan

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

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

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

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

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

Deferred Retirement

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 7.0% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

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

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

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

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

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

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

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Deferred Retirement

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

Early Retirement

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

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

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

Disability Retirement

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 9.0% per annum, compounded annually.
Mortality: The Mortality Table set forth in Rev. Rul. 2001-62.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

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

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

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

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

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

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

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

Deferred Retirement

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

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

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

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

Disability Retirement

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 9.0% per annum, compounded annually.
Mortality: The Mortality Table set forth in Rev. Rul. 2001-62.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Ash Grove Materials Retirement Plan

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

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

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

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

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

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

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

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

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

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

Deferred Retirement

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

Early Retirement

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement

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

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 7% per annum, compounded annually.
Mortality: RP-2000 Male Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Ash Grove Salaried Retirement Plan

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

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

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

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

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

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

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

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

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

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

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Deferred Retirement

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

Early Retirement

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

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

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

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

Disability Retirement

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

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

Vested Termination

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

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

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

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

Forms of Payment

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

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

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

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

Interest: 7% per annum, compounded annually.
Mortality: RP-2000 Male Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Ash Grove Wage Retirement Plan

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

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

Compensation: N/A

Average Compensation: N/A

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

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

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

As of January 1, 2025, the collectively bargained rates are as follows:

Union (CBA Effective Date)	Rates			
	2025	2026	2027	2028
Chanute (7/1/2020 – 6/30/2025)	42.00	42.00	42.00	42.00
Durkee, IAM (8/1/2023 – 7/31/2027)	42.00	42.50	43.00	43.00
Durkee, IBEW (8/1/2022 – 7/31/2025)	42.50	42.50	42.50	42.50
Durkee, Teamsters (8/1/2021 – 7/31/2026)	41.50	42.50	42.50	42.50
Foreman (8/1/2024 – 7/31/2027)	44.00	45.00	46.00	46.00
Louisville (7/1/2022 – 6/30/2026)	42.00	42.50	42.50	42.50

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

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

Deferred Retirement

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

Early Retirement

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

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

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

Disability Retirement

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

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

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

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

Forms of Payment

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

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

Optional Forms of Benefits: Joint and Contingent (50%, 66 2/3%, 75%, 100%), Lump Sum (if under $7,000).

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

Interest: 7% per annum, compounded annually.
Mortality: RP-2000 Male Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

Compensation: N/A

Average Compensation: N/A

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

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

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

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

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

Deferred Retirement

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

Early Retirement

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement

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

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

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

Forms of Payment

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

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

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

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

Interest: 7.5% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

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

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

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

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

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

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

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

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

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Deferred Retirement

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

Early Retirement

Early Retirement Date: Age 55.

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

Accelerated Early Retirement

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

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Interest: 7.5% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

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

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

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

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

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

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

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

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

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

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

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

Deferred Retirement

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

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

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

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

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

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Interest: 2.50% per annum, compounded annually.
Mortality: 1951 GAM, 1 year setback for Participant, 6 year setback for Beneficiary.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

Employees: Collectively bargained employees of Glen-Gery Corporation.

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

Compensation: N/A

Average Compensation: N/A

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

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

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

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

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: For active employees:

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

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

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

Deferred Retirement

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

Early Retirement

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

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

Disability Retirement

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

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

Vested Termination

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

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

Termination Benefit: Accrued Benefit payable at Normal Retirement.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 7.00% per annum, compounded annually
Mortality: 1984 Unisex Pension Mortality Table set forward 1 year.

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

Interest: 6.00% per annum, compounded annually.
Mortality: 1951 Group Annuity Mortality Table set back 5 years.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

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

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

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

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

Benefit Service: 1,000 Hour Rule.

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

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

Deferred Retirement

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

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

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

Disability Retirement

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

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

Vested Termination

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

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

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

Termination Benefit: Accrued Benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Interest: 7.00% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

Employees: Lyman-Richey Corporation employees.

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

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

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

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

Compensation earned after December 31, 2018 is excluded in determining a Participants Average Compensation.

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

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

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

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

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65

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

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

Deferred Retirement

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

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

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

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Interest: 7% per annum, compounded annually.
Mortality: RP-2000 Male Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

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

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

Compensation: N/A

Average Compensation: N/A

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

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

Vesting Service: Elapsed Time Method. .

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

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

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

Deferred Retirement

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

Early Retirement

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 7.00% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

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

Employees: Pike Industries, Inc. employees.

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

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

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

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

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

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

Benefit Service: 1,000 Hour Rule**.**

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

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

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

Vesting Service: 1,000 Hour Rule.

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

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

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

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

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

Deferred Retirement

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

Early Retirement

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

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

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

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

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

Participants are 100% vested at age 65.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

Forms of Payment

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

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

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

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

Interest: 7.0% per annum, compounded annually.
Mortality: 1971 GAM with projection D based on 1920 calendar year of birth, 1 year setback for Participant, 5 year setback for Beneficiary.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: P.J. Keating Company Pension Plan

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

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

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

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

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

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

Benefit Service: 1,000 Hour Rule**.**

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

Vesting Service: 1,000 Hour Rule.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

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

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

Deferred Retirement

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

Early Retirement Date: Age 55.

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

Disability Retirement

Disability Retirement Date: N/A

Disability Retirement Benefit: N/A

Vested Termination

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

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

Participants are 100% vested at age 55.

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Interest: 6.0% per annum, compounded annually.
Mortality: 1984 Unisex Pension Mortality Table.

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Former Plan Basic Information

Plan Name: Tilcon Inc. Pension Plan

Employees: Tilcon, Inc. Employees.

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

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

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

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

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

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

Benefit Service: Elapsed Time Method.

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

Vesting Service: Elapsed Time Method.

Benefit Formulas and Eligibilities

Normal Retirement

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

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

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

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

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

Buchanan Marine	December 31, 2009

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

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

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

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

Deferred Retirement

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

Early Retirement

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

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

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement

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

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

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

Vested Termination

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

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

Termination Benefit: Accrued benefit payable at Normal Retirement.

Preretirement Surviving Spouse Coverage

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

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Participants prior to February 1, 2006:

Interest: 7.0% per annum, compounded annually
Mortality: 1971 Group Annuity Table (95% male, 5% female)

Participants prior to February 1, 2006:

Interest: 6.0% per annum, compounded annually.
Mortality: RP-2000 (50% male, 50% female).

CRH AMERICAS PENSION PLAN

Employer ID Number: 95-3298140
Plan Number: 001

SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Fund:			
	PIMCO	PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	$ 16,736,915	$ 16,337,461
	Collective Trusts:			
	Global Trust Company	CF NEPC EMERGING MARKETS EQUITY CIT	6,416,796	7,568,677
	Global Trust Company	CF NEPC GLOBAL EQUITY CIT	15,774,299	21,322,907
	Global Trust Company	CF NEPC DIVERSIFIED CREDIT CIT	15,101,071	15,720,069
	Global Trust Company	CF NEPC US SMALL CAP EQUITY CIT	4,485,906	6,443,018
	State Street Global Advisors Trust Company	CF FTSE RAFI US 1000 INDX NL CTF	5,689,727	8,815,960
	State Street Global Advisors Trust Company	CF SSGA LONG US TREASURY INDEX NL	69,086,169	66,943,255
	State Street Global Advisors Trust Company	CF SSGA S&P 500 FLAGSHIP NL FUND	17,405,082	25,997,679
	State Street Global Advisors Trust Company	CF STATE STREET U.S. TREASURY INDEX NL	20,911,279	21,736,477
	State Street Global Advisors Trust Company	CF SSGA 20+ YEAR US TREASURY STRIPS INDX (CMCA) FD	23,206,428	17,774,372
	State Street Global Advisors Trust Company	MSCI EAFE INDEX NL FD	5,585,541	7,439,833
	Wellington Trust Company	CF WTC-CIF II US INV GRADE INTERMEDIATE CORPORATE	78,431,489	73,499,177
	Global Trust Company	CF IR M LONG CORPORATE COLLECTIVE FUND CL ND	56,921,325	59,429,745
	SEI Trust Company	METLIFE LONG CREDIT COLLECTIVE TRUST - CLASS N	60,000,000	62,327,147
*	Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	6,208,140	6,208,140
				401,226,456
	Limited Partnerships:			
	Alcentra	EUROPEAN CREDIT OPPORTUNITIES-FUND II	1,773,911	1,299,726
	Limited Liability Companies:			
	Acadian Asset Management	ACADIAN NON-US ALL CAP EQUITY FUND USD HEDGED LLC	4,757,025	9,344,366
	Pacific	PACIFIC DIVERSIFIED STRATEGIES, LLC	1	301,469
				9,645,835
				$ 428,509,478

*Represents a party-in-interest to the Plan

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Line 32 – Schedule of Amortization Bases

The shortfall amortization bases for the plan year beginning January 1, 2025 are shown below.

Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
January 1, 2025	$5,343,333	15	10.752081	$57,451,950
Total	5,343,333			57,451,950

CRH Americas Pension Plan
EIN 95-3298140, PN 001
2025 Schedule SB, Line 24 – Change in Actuarial Assumptions

The expected return on assets used to calculate the plan's Actuarial Value of Assets was changed to 6.00% as of 1/1/2025. The assumption as of the prior measurement date was 5.50%.