

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>07/01/2019</u> and ending <u>06/30/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN</u>                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1950</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>07/01/1950</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1950</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>JOHNSON MATTHEY, INC.</u><br><br><u>435 DEVON PARK DRIVE, SUITE 600</u><br><u>WAYNE, PA 19087-1998</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>23-0411710</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>610-971-3000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>332900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>23-0411710</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>610-971-3000</u> | <b>2d</b> Business code (see instructions)<br><u>332900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>23-0411710</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>610-971-3000</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>332900</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 04/14/2021 | TOM ADAIR                                                    |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 04/14/2021 | KARIL BLACK WOLLITZ                                          |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 2083                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 914<br><b>6a(2)</b> 837<br><b>6b</b> 484<br><b>6c</b> 600<br><b>6d</b> 1921<br><b>6e</b> 103<br><b>6f</b> 2024<br><b>6g</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                             |

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

1A

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

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

▶ **Round off amounts to nearest dollar.**

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN</u>                                | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>JOHNSON MATTHEY, INC.</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>23-0411710</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>370022012</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>370022012</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>565</u> <u>91157766</u> <u>91157766</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>608</u> <u>52849555</u> <u>52849555</u>                                    |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>914</u> <u>110362549</u> <u>115791306</u>                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>2087</u> <u>254369870</u> <u>259798627</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.65</u> %                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>7927150</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                                     |                                                      |
|-------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                    |                                                      |
| Signature of actuary<br><u>VANESSA SOSKIND, ASA, EA, MAAA</u>                       | <u>01/27/2021</u>                                    |
| Type or print name of actuary<br><u>MERCER</u>                                      | Date<br><u>20-06307</u>                              |
| Firm name<br><u>3031 N ROCKY POINT DRIVE WEST<br/>SUITE 700<br/>TAMPA, FL 33607</u> | Most recent enrollment number<br><u>813-207-6306</u> |
| Address of the firm                                                                 | Telephone number (including area code)               |

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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2019  
v. 190130**

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 49085721              | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 49085721              | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.33</u> % .....                                                                                | 6543127               | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 4563532                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83</u> % ..... |                       | 266054                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 4829586                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 55628848              | 0                      |

| Part III Funding Percentages                                                                                                                                               |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 121.01 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 142.42 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 135.45 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 07/15/2019                                                                               | 0                                 | 64963                           | 01/15/2020               | 0                                 | 60944                           |
| 08/15/2019                                                                               | 0                                 | 65830                           | 02/15/2020               | 0                                 | 63113                           |
| 09/15/2019                                                                               | 0                                 | 98102                           | 03/15/2020               | 0                                 | 94462                           |
| 10/15/2019                                                                               | 0                                 | 64701                           | 04/15/2020               | 0                                 | 62388                           |
| 11/15/2019                                                                               | 0                                 | 64459                           | 05/15/2020               | 0                                 | 58288                           |
| 12/15/2019                                                                               | 0                                 | 63794                           | 06/16/2020               | 9540000                           | 58071                           |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 9540000                           | <b>18(c)</b> 819115             |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                       | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                    | <b>19c</b> | 9050178 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                            |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                 |            |         |
| (1) 1st                                                                                                                                                                    | (2) 2nd    | (3) 3rd |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ 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** Is the plan required to provide a Schedule of Active Participants? 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 6) ..... **31a** 7927150**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 7927150**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0**35** Balances elected for use to offset funding requirement ..... Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 9050178**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 9050178**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b****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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020          |                                                             |     |
| <b>A</b> Name of plan<br>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JOHNSON MATTHEY, INC.              | <b>D</b> Employer Identification Number (EIN)<br>23-0411710 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

MERCER

13-2834414

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 13 15<br>17 38 50<br>64 70 | NONE                                                                                              | 292697                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s)              | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 28 31<br>50 60 61 62<br>71 72 | TRUSTEE                                                                                           | 283106                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MELLON CAPITAL MANAGEMENT

25-1442864

| (b)<br>Service Code(s)              | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 28 31<br>50 60 61 62<br>71 72 | TRUSTEE                                                                                           | 79426                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

BDO USA, LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 24486                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN LEWIS & BOCKIUS, LLP

23-0891050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 16947                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

|                                                                                                            |                                                                            |            |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>JOHNSON MATTHEY, INC.</u>       | <b>D</b> Employer Identification Number (EIN)<br><u>23-0411710</u>         |            |

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

|                                                                                           |                               |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL LT G/C BIF</u>             |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON, N.A.</u>                 |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>25-6078093-169</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL BROAD MKT SIF</u>          |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON, N.A.</u>                 |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>25-6078093-106</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>29012638</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INV FD VAR RT 12/31/49 F CL</u> |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON, N.A.</u>                 |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>25-6078093-336</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1410730</u></span>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL LGUS T-STRIPS BIF</u>      |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON, N.A.</u>                 |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>25-6078093-023</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>98664783</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL LT CREDIT BIF</u>          |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BNY MELLON, N.A.</u>                 |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>25-6078093-062</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>296370905</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                     |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>07/01/2019</b> and ending <b>06/30/2020</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN</b>                                                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOHNSON MATTHEY, INC.</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>23-0411710</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 370020937             | 425459056       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                     |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 370020937 425459056 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 124659 146040       |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 124659 146040       |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 369896278 425313016 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 9540000   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 819115    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 10359115  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 68950645  |
| (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)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 79309760  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 23029719 |          |
| (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) |          | 23029719 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 334130   |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 362532   |          |
| (4) Other .....                                                                      | 2i(4) | 166641   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 863303   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 23893022 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 55416738 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 20000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |          |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4273296. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JOHNSON MATTHEY, INC.                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>23-0411710                                            |
| 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):<br><br>EIN(s): 25-1880033                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 50                                                                                            |
| 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                        | <b>16b</b> |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |

**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) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: 11.9 % Investment-Grade Debt: 88.1 % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify): OPTION ADJUSTED DURATION

**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 \_\_\_\_\_



**Johnson Matthey Inc.  
Amended and Restated Salaried  
Employees Pension Plan**

Financial Statements and  
Supplemental Schedules  
As of June 30, 2020 and 2019  
and for the Years Then Ended

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

---

Financial Statements and Supplemental Schedules  
As of June 30, 2020 and 2019 and for the Years Then Ended

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Contents**

---

|                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------|------------|
| <b>Independent Auditors' Report</b>                                                                      | <b>3-4</b> |
| <br><b>Financial Statements</b>                                                                          |            |
| Statements of Net Assets Available for Benefits as of<br>June 30, 2020 and 2019                          | 6          |
| Statements of Changes in Net Assets Available for Benefits<br>for the Years Ended June 30, 2020 and 2019 | 7          |
| Notes to Financial Statements                                                                            | 8-14       |
| <br><b>Supplemental Schedules</b>                                                                        |            |
| Schedule of Assets (Held at End of Year) as of June 30, 2020                                             | 16         |
| Schedule of Reportable Transactions for the Year Ended June 30, 2020                                     | 17         |



## **Independent Auditors' Report**

Plan Administrator  
Johnson Matthey Inc. Amended and Restated Salaried Employees Pension Plan  
Wayne, Pennsylvania

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Johnson Matthey Inc. Amended and Restated Salaried Employees Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

#### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter***

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2020 and Schedule of Reportable Transactions for the year ended June 30, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

### **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Philadelphia, Pennsylvania  
April 14, 2021

## Financial Statements

---

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Statements of Net Assets Available for Benefits**

| <i>June 30,</i>                          | <b>2020</b>           | <b>2019</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| <b>Investments</b>                       |                       |                       |
| Common collective trusts                 | \$ 425,459,056        | \$ 370,020,937        |
| <b>Total Assets</b>                      | <b>425,459,056</b>    | <b>370,020,937</b>    |
| <b>Liabilities</b>                       |                       |                       |
| Administrative expenses payable          | 146,040               | 124,659               |
| <b>Net Assets Available for Benefits</b> | <b>\$ 425,313,016</b> | <b>\$ 369,896,278</b> |

*See accompanying notes to financial statements.*

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Statements of Changes in Net Assets Available for Benefits**

| <i>Year ended June 30,</i>                                  | <b>2020</b>           | <b>2019</b>           |
|-------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                            |                       |                       |
| Employer contributions                                      | \$ 9,540,000          | \$ 4,615,000          |
| Participant contributions                                   | 819,115               | 877,235               |
| Net appreciation in common collective trusts                | 68,950,645            | 44,144,461            |
| <b>Total Additions</b>                                      | <b>79,309,760</b>     | <b>49,636,696</b>     |
| <b>Deductions</b>                                           |                       |                       |
| Benefits paid to participants and beneficiaries             | (23,029,719)          | (19,678,958)          |
| Administrative expenses                                     | (863,303)             | (787,361)             |
| <b>Total Deductions</b>                                     | <b>(23,893,022)</b>   | <b>(20,466,319)</b>   |
| <b>Net Increase</b>                                         | <b>55,416,738</b>     | <b>29,170,377</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b> | <b>369,896,278</b>    | <b>340,725,901</b>    |
| <b>Net Assets Available for Benefits, end of year</b>       | <b>\$ 425,313,016</b> | <b>\$ 369,896,278</b> |

*See accompanying notes to financial statements.*

# **Johnson Matthey Inc.**

## **Amended and Restated Salaried Employees Pension Plan**

### **Notes to Financial Statements**

---

#### **1. Description of Plan**

The following description of the Johnson Matthey Inc. Amended and Restated Salaried Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

##### ***General***

The Plan is a defined benefit plan covering all salaried employees of Johnson Matthey Inc. (the Company), including certain employees of other companies who were acquired in prior years. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended and restated as of July 1, 2018 to incorporate all prior amendments adopted after July 1, 2015.

The Bank of New York Mellon/BNY Mellon, N.A., is the trustee of the Plan. Overall responsibility for administering the Plan rests with the Benefits Investment Committee of the Company. The Plan's trustee is responsible for management and control of the Plan's assets and has certain discretionary authority and control over such assets.

##### ***Eligibility***

Under the terms of the Plan, employees who have completed 1,000 hours of service are eligible to participate in the Plan. As of August 31, 2013, the Plan was closed to new hires. Effective July 1, 2019, the Plan was closed to those employees who transfer from collectively bargained or union status to non-union status.

##### ***Contributions and Participant Accounts***

The Plan requires employee contributions, as of April 1, 2014, for participants who were employed by the Company and actively earning an accrued benefit under the Plan. Participants are required to contribute 1.5% of their payroll on an after tax-basis to the Plan each payroll period.

An Employee Contribution Account will be maintained for each participant and is credited with the participant's contributions and an annual credit of interest. Participants are always 100% vested in their Employee Contribution Account.

##### ***Pension Benefits***

Employees with five years of credited service are entitled to pension benefits beginning at the normal retirement age of 65. Generally, the normal retirement benefit formula takes into account the years of credited service, the final average monthly earnings received for the highest 60 consecutive months and the social security breakpoint. The normal retirement benefit formula will include an actuarial equivalent value of the Employee Contribution Account as of April 1, 2014. For certain other participants' service, benefits and payments have been calculated under the provisions of the plans of the acquired companies, as defined.

The Plan also permits early retirement, which can be subject to a reduced benefit depending on the participant's age and years of service, as defined in the Plan Agreement. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contribution. The employee will be

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Notes to Financial Statements**

---

entitled to receive the value within their Employee Contribution Account. Benefits for unmarried participants are payable monthly with sixty months guaranteed; for married participants benefits are generally in the form of a qualified joint and survivor annuity.

***Death and Disability Benefits***

If an active participant dies after completing a minimum of five years of credited service, the participant's surviving spouse shall be entitled to receive a survivor's annuity benefit beginning in the month the participant would have reached age 55 had the participant lived.

Participants who become disabled after completing a minimum of ten years of credited service are entitled to receive pension benefits commencing as of the participant's normal retirement date or, at the participant's election, the early retirement date. Such benefits are computed as if the participant had continued in employment and as if earnings had not changed from the date of disability to the normal retirement date if such election is made.

**2. Summary of Accounting Policies**

***Basis of Accounting***

The financial statements of the Plan are prepared using the accrual basis of accounting.

***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The investments in the common collective trusts are valued at net asset value (NAV) per unit, as determined by the trustee at year end. The NAV is used as the practical expedient to estimate fair value. There are no unfunded commitments or trading/redemption restrictions on the common collective trusts.

Investment transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

***Payment of Benefits***

Benefits are recorded when paid.

***Administrative Expenses***

The Company pays some of the administrative costs of the Plan associated with professional services provided to the Plan, the balance being paid directly by the Plan. Expenses that are paid by the

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Notes to Financial Statements**

---

Company are excluded from these financial statements. Administrative expenses recorded in the Plan may include professional fees, investment fees and the insurance premiums for the Pension Benefit Guaranty Corporation.

### **3. Funding Policy for Company Contributions**

The Company's policy is to make cash contributions to the Plan in amounts that will provide for employees' benefits by the time they retire.

Employer contributions to the Plan are made monthly on the basis of actuarial calculations of the normal cost and required amortization payments, and are sufficient to satisfy funding requirements under applicable federal income tax regulations and ERISA. The Plan has met or exceeded the minimum funding requirements of ERISA for both Plan years.

### **4. Certified Investments**

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at June 30, 2020 and 2019 and net appreciation in common collective trusts for the years ended June 30, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee of the Plan.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

### **5. Fair Value Measurement**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The investments in common collective trusts, which are valued at NAV, have not been classified in the fair value hierarchy in accordance with applicable accounting standard updates.

For a description of the valuation methodologies used for assets measured at fair value, see Note 2. There have been no changes in the methodologies used at June 30, 2020 and 2019. The valuation methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

### **6. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries

# Johnson Matthey Inc.

## Amended and Restated Salaried Employees Pension Plan

### Notes to Financial Statements

of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on a benefit formula including the years of credited service, the final average monthly earnings and the social security breakpoint. The benefit formula, as of April 1, 2014, will include an actuarial equivalent value of the employee contribution account. The accumulated plan benefits for active employees are based on the benefit formula for normal retirement using the final average monthly earnings and years of credited service at the date of determination (valuation date). 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.

A summary of the actuarial present value of accumulated plan benefits as of July 1, 2019 and 2018, the dates of the latest actuarial valuations, is as follows:

| <i>July 1,</i>                                                    | <b>2019</b>           | <b>2018</b>           |
|-------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>       |                       |                       |
| Vested benefits                                                   |                       |                       |
| Participants currently receiving payments                         | <b>\$ 256,918,945</b> | \$ 250,733,583        |
| Other participants                                                | <b>69,901,689</b>     | 67,338,398            |
| Total vested benefits                                             | <b>326,820,634</b>    | 318,071,981           |
| Nonvested benefits                                                | <b>4,080,761</b>      | 4,231,543             |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 330,901,395</b> | <b>\$ 322,303,524</b> |

A summary of the change in the accumulated plan benefits from July 1, 2018 to July 1, 2019 is as follows:

|                                                                      | Amount         |
|----------------------------------------------------------------------|----------------|
| Actuarial present value of accumulated plan benefits at July 1, 2018 | \$ 322,303,524 |
| Increase (decrease) during the year attributable to:                 |                |
| Benefits accumulated                                                 | 9,932,982      |
| Benefits paid                                                        | (19,692,469)   |
| Increase from interest due to the decrease in the discount period    | 12,465,471     |
| Change in actuarial assumptions                                      | 5,891,887      |
| Actuarial present value of accumulated plan benefits at July 1, 2019 | \$ 330,901,395 |

The change in actuarial assumptions in the July 1, 2019 valuation relates to changes in a variety of rates including the discount rate, the lump sum interest rates and the interest rate on employee contributions and changes in mortality tables and improvement scale.

The actuarial present value of accumulated plan benefits is determined by Mercer Human Resource Consulting and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

# Johnson Matthey Inc.

## Amended and Restated Salaried Employees Pension Plan

### Notes to Financial Statements

As of July 1, 2019 and 2018, significant assumptions underlying the actuarial calculations are as follows:

|                      |   |                                                                                                                                           |
|----------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate        | - | 3.80% per annum (2019)                                                                                                                    |
| Discount rate        | - | 4.00% per annum (2018)                                                                                                                    |
| Mortality - Healthy  | - | PRI-2012 employee/annuitant, sex-distinct mortality tables with no collar adjustment, projected generationally using scale MP2019 (2019)  |
| Mortality - Healthy  | - | RP2014 Generational no-collar, sex-distinct mortality table, adjusted back to 2006 and projected using the MP2018 projection scale (2018) |
| Mortality - Disabled | - | PRI-2012 disabled, sex-distinct mortality table, projected generationally using scale MP2019 (2019)                                       |
| Mortality - Disabled | - | RP2014 Generational sex-distinct mortality table for disabled lives using projection scale MP2018 (2018)                                  |
| Retirement age       | - | Based on the probabilities below, applied to the remaining employees eligible for retirement at the age indicated.                        |

| Age   | Retirement Rate               |                             |
|-------|-------------------------------|-----------------------------|
|       | Less than 15 years<br>service | 15 or more years<br>service |
| 55-58 | 5.0%                          | 2.0%                        |
| 59-60 | 5.0%                          | 7.0%                        |
| 61    | 10.0%                         | 10.0%                       |
| 62    | 10.0%                         | 25.0%                       |
| 63    | 10.0%                         | 5.0%                        |
| 64    | 10.0%                         | 30.0%                       |
| 65-66 | 25.0%                         | 30.0%                       |
| 67-69 | 25.0%                         | 60.0%                       |
| 70    | 100.0%                        | 100.0%                      |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Notes to Financial Statements**

---

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- (b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- (d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (e) All nonvested benefits.

Certain benefits under the Plan are insured by the 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.

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 accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

## **8. Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated August 23, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan was amended prior to receiving the determination letter, the Plan Administrator believes the Plan is designed and currently operating in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal, state and/or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Notes to Financial Statements**

---

**9. Related-Party and Party In Interest Transactions**

Certain Plan investments are managed by an affiliate of The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are exempt party in interest transactions under ERISA.

**10. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least 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 statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

***COVID-19 Outbreak***

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to volatility in financial markets. As a result, the Plan's investment portfolio has incurred fluctuations in fair value since June 30, 2020. Because the values of the Plan's investments have and will vary in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The value of the Plan's investments has a direct impact on its funded status. As a result of volatility in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Company may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. The Plan has not implemented any relief provisions of the CARES Act.

**11. Subsequent Events**

The Plan has evaluated subsequent events through April 14, 2021, the date the financial statements were available to be issued.

## Supplemental Schedules

---

**Schedule SB, line 26 — Schedule of Active Participant Data****Distribution of accruing active participants as of July 1, 2019**

| Attained age | Years of credited service |     |        |        |        |         |       |         |       |         |        |
|--------------|---------------------------|-----|--------|--------|--------|---------|-------|---------|-------|---------|--------|
|              | Under 1                   | 1–4 | 5–9    | 10–14  | 15–19  | 20–24   | 25–29 | 30–34   | 35–39 | 40 & up | Total  |
| Under 25     |                           |     |        |        |        |         |       |         |       |         |        |
|              |                           |     |        |        |        |         |       |         |       |         |        |
| 25–29        |                           |     | 2      |        |        |         |       |         |       |         | 2      |
|              |                           |     |        |        |        |         |       |         |       |         |        |
| 30–34        |                           |     | 6      | 8      |        |         |       |         |       |         | 14     |
|              |                           |     |        |        |        |         |       |         |       |         |        |
| 35–39        |                           |     | 9      | 22     | 5      |         |       |         |       |         | 36     |
|              |                           |     |        | 85,002 |        |         |       |         |       |         |        |
| 40–44        |                           |     | 15     | 19     | 30     | 9       | 2     |         |       |         | 75     |
|              |                           |     |        |        | 98,342 |         |       |         |       |         |        |
| 45–49        |                           |     | 12     | 33     | 30     | 20      | 7     |         |       |         | 102    |
|              |                           |     |        | 77,747 | 87,352 | 112,927 |       |         |       |         |        |
| 50–54        |                           |     | 17     | 38     | 22     | 13      | 16    | 9       |       |         | 115    |
|              |                           |     |        | 70,181 | 87,928 |         |       |         |       |         |        |
| 55–59        |                           |     | 31     | 34     | 25     | 16      | 14    | 20      | 6     | 1       | 147    |
|              |                           |     | 72,719 | 69,541 | 97,962 |         |       | 112,948 |       |         |        |
| 60–64        |                           |     | 14     | 30     | 18     | 9       | 6     | 14      | 10    | 5       | 106    |
|              |                           |     |        | 65,112 |        |         |       |         |       |         |        |
| 65–69        |                           |     | 6      | 7      | 7      |         | 2     | 2       | 1     |         | 25     |
|              |                           |     |        |        |        |         |       |         |       |         |        |
| 70 & up      |                           |     |        | 4      | 2      |         |       |         |       |         | 6      |
|              |                           |     |        |        |        |         |       |         |       |         |        |
| Total        |                           |     | 112    | 195    | 139    | 67      | 47    | 45      | 17    | 6       | 628    |
|              |                           |     |        |        |        |         |       |         |       |         | 87,773 |

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2018/2019 plan year limited to \$275,000. Average pay is not shown for cells with fewer than 20 participants.

**Schedule SB, line 26 — Schedule of Active Participant Data****Distribution of frozen active participants as of July 1, 2019**

| Attained age | Years of credited service |       |       |       |       |       |       |       |       |         | Total |
|--------------|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1–4   | 5–9   | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up |       |
| Under 25     |                           |       |       |       |       |       |       |       |       |         |       |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 25–29        | 3                         | 6     |       |       |       |       |       |       |       |         | 9     |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 30–34        | 7                         | 45    | 12    |       |       |       |       |       |       |         | 64    |
|              |                           | 1,868 |       |       |       |       |       |       |       |         |       |
| 35–39        | 2                         | 29    | 31    | 1     |       |       |       |       |       |         | 63    |
|              |                           | 2,222 | 7,170 |       |       |       |       |       |       |         |       |
| 40–44        | 3                         | 16    | 24    | 11    | 1     |       |       |       |       |         | 55    |
|              |                           |       | 6,778 |       |       |       |       |       |       |         |       |
| 45–49        | 2                         | 23    | 11    | 6     | 1     |       |       |       |       |         | 43    |
|              |                           | 3,725 |       |       |       |       |       |       |       |         |       |
| 50–54        | 2                         | 10    | 7     | 3     |       |       | 1     |       |       |         | 23    |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 55–59        | 2                         | 9     | 1     | 1     |       | 2     |       |       |       |         | 15    |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 60–64        |                           | 7     |       | 2     |       | 1     |       |       |       |         | 10    |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 65–69        |                           | 2     |       |       |       |       |       |       |       | 1       | 3     |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| 70 & up      | 1                         |       |       |       |       |       |       |       |       |         | 1     |
|              |                           |       |       |       |       |       |       |       |       |         |       |
| Total        | 22                        | 147   | 86    | 24    | 2     | 3     | 1     |       |       | 1       | 286   |
|              |                           |       |       |       |       |       |       |       |       |         | 5,358 |

In each cell, the top number is the count of frozen active participants for each age/service combination and the bottom number is the average frozen annual accrued benefit payable at normal retirement date. The average frozen annual benefit is not shown for cells with fewer than 20 participants.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for July 1, 2019 funding valuation**

| Discount rate sponsor elections      |                                                                                                                                                                                                                                                                                     |                      |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Segment rates or full yield curve    | Segment                                                                                                                                                                                                                                                                             |                      |
| Look-back months                     | 0                                                                                                                                                                                                                                                                                   |                      |
|                                      | <u>Stabilized</u>                                                                                                                                                                                                                                                                   | <u>Nonstabilized</u> |
| First 5 years                        | 3.74%                                                                                                                                                                                                                                                                               | 2.76%                |
| Next 15 years                        | 5.35%                                                                                                                                                                                                                                                                               | 3.95%                |
| Over 20 years                        | 6.11%                                                                                                                                                                                                                                                                               | 4.43%                |
| Mortality sponsor elections          |                                                                                                                                                                                                                                                                                     |                      |
| • Healthy and disabled participants  | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2017. |                      |
| Other economic assumptions           |                                                                                                                                                                                                                                                                                     |                      |
| • Salary increases                   | See Table of Sample Rates                                                                                                                                                                                                                                                           |                      |
| • Social Security wage base          | 2.95% per year                                                                                                                                                                                                                                                                      |                      |
| • Inflation                          | 2.20% per year                                                                                                                                                                                                                                                                      |                      |
| • Interest on employee contributions | 120% of the Federal Mid-term Rate, 2.50% for 2019                                                                                                                                                                                                                                   |                      |
| • Expenses                           | \$800,000 added to current year normal cost                                                                                                                                                                                                                                         |                      |
| • Lump sums                          |                                                                                                                                                                                                                                                                                     |                      |
| — Interest                           | Same as funding                                                                                                                                                                                                                                                                     |                      |
| — Mortality                          | 2019 417(e) unisex mortality                                                                                                                                                                                                                                                        |                      |

**Rationale for economic assumptions**

- Discount rate – Selected by Johnson Matthey Inc. from one of the allowable methods prescribed by The Pension Protection Act.
- Interest on employee contributions – This assumption is based on 120% of the Federal Mid-term rate as of the valuation date as prescribed by the IRS.
- Salary increases – This assumption is based on an experience study covering the period July 1, 2012 to June 30, 2016. Based on facts and circumstances discussed with the Company, the distribution of pay increases is not expected to change, but the average compensation increase is expected to be 3.00% overall.
- Social Security taxable wage base increases – This assumption reflects 0.75% real wage growth. This assumed level is based on a review of historical US average wage increases and annual average CPI-U over extended time periods, and consideration of more recent and potential future prospects for real wage increases.
- Inflation – This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- Expenses – The expense load is based on the prior plan year actual expenses, less PBGC premiums paid, increased by 5% and adjusted for expected PBGC premiums in the upcoming year and rounded up to the nearest \$10,000.

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

- Lump sums - Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and the current year 417(e) unisex mortality. For 2019, the funding interest rates are the stabilized rates shown above.

**Demographic assumptions**

|            |                           |
|------------|---------------------------|
| Withdrawal | See table of sample rates |
|------------|---------------------------|

|                      |                                                                                                                                             |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Disability incidence | 82% of the Class 1 table (sex-distinct) from the 1985 study performed by the Conference of Consulting Actuaries. See Table of Sample Rates. |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

- Retirement age

| Attained age | Percentage            |                      |
|--------------|-----------------------|----------------------|
|              | < 15 Years of Service | 15+ Years of Service |
| 55           | 5%                    | 2%                   |
| 56           | 5%                    | 2%                   |
| 57           | 5%                    | 2%                   |
| 58           | 5%                    | 2%                   |
| 59           | 5%                    | 7%                   |
| 60           | 5%                    | 7%                   |
| 61           | 10%                   | 10%                  |
| 62           | 10%                   | 25%                  |
| 63           | 10%                   | 5%                   |
| 64           | 10%                   | 30%                  |
| 65           | 25%                   | 30%                  |
| 66           | 25%                   | 30%                  |
| 67           | 25%                   | 60%                  |
| 68           | 25%                   | 60%                  |
| 69           | 25%                   | 60%                  |
| 70           | 100%                  | 100%                 |

- Benefit commencement age for

|                           |                                            |
|---------------------------|--------------------------------------------|
| — Future vested deferred  | 65                                         |
| — Current vested deferred | 65 (62 if eligible for unreduced benefits) |

- Spouse assumptions

**Male participants****Female participants**

|                         |                 |               |
|-------------------------|-----------------|---------------|
| — Percentage married    | 90%             | 60%           |
| — Spouse age difference | 2 years younger | 2 years older |

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

| Form of payment - males and females | Life annuity with 60 months guaranteed | Joint and survivor 75% | Joint and survivor 50% | Deferred lump sum | Immediate lump sum |
|-------------------------------------|----------------------------------------|------------------------|------------------------|-------------------|--------------------|
| • Active retirements                | 25%                                    | 25%                    | 0%                     | N/A               | 50%                |
| • Future vested deferred            | 7.5%                                   | 7.5%                   | 0%                     | 15%               | 70%                |
| • Future disabilities               | 100%                                   | 0%                     | 0%                     | 0%                | 0%                 |
| • Future deaths                     | 0%                                     | 0%                     | 100% <sup>1</sup>      | 0%                | 0%                 |
| • Current vested deferred           | 25%                                    | 25%                    | 0%                     | 50%               | 0%                 |

**Table of Sample Rates**

| Percentage   |            |                  |                      |        |
|--------------|------------|------------------|----------------------|--------|
| Attained age | Withdrawal | Salary increases | Disability incidence |        |
|              |            |                  | Male                 | Female |
| 20           | 8.90%      | 7.09%            | 0.02%                | 0.02%  |
| 25           | 6.60%      | 6.49%            | 0.03%                | 0.04%  |
| 30           | 4.60%      | 5.89%            | 0.04%                | 0.07%  |
| 35           | 3.90%      | 5.29%            | 0.06%                | 0.11%  |
| 40           | 3.60%      | 4.69%            | 0.10%                | 0.17%  |
| 45           | 3.20%      | 4.09%            | 0.17%                | 0.26%  |
| 50           | 2.90%      | 3.49%            | 0.29%                | 0.44%  |
| 55           | 2.60%      | 2.89%            | 0.59%                | 0.78%  |
| 60           | 2.30%      | 2.29%            | 1.03%                | 0.95%  |
| 65           | 1.90%      | 1.69%            | 0.00%                | 0.00%  |
| 70           | 0.00%      | 0.00%            | 0.00%                | 0.00%  |

**Rationale for demographic assumptions**

- Mortality – Prescribed by the IRS based on plan sponsor elections.
- Withdrawal rates – The withdrawal rates are based on an experience study undertaken in 2017 using data for the period July 1, 2012 to June 30, 2016, adjusted to remove terminations resulting from the sales of the Salt Lake City Refinery and the Research Chemicals business, and the expectation that the future turnover patterns and circumstances of the employer will not differ significantly from the period studied.
- Retirement rates – The retirement rates are based on an experience study undertaken in 2017 using data for the period July 1, 2012 to June 30, 2016 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Disability incidence – the disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates because the plan population most closely resembles the Class 1 occupations.
- Forms of payment – This assumption is based on a blending of the actuary's experience with many plans and discussions with employer representatives and an experience study undertaken 2017

<sup>1</sup> Retirement eligible actives are valued with a Joint and 100% Survivor annuity.

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

using data from July 1, 2012 to June 30, 2016. It is the plan sponsor's expectations that the results of the study can reasonably be expected to carry into the future.

**Actuarial methods for funding****Asset Methods**

The asset valuation method is the fair market value.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**Minimum Funding Methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides postretirement death benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Schedule of Reportable Transactions**  
**For the Year Ended June 30, 2020**  
**Employer Identification Number: 23-0411710 Plan Number: 001**

| (a) Identity of Party Involved*                         | (b) Description of Asset | (c) Purchase<br>Price | (d) Selling<br>Price | (f) Expense<br>Incurred with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of Asset<br>at Transaction<br>Date | (i) Net Gain<br>or (Loss) |
|---------------------------------------------------------|--------------------------|-----------------------|----------------------|---------------------------------------------|----------------------|---------------------------------------------------------|---------------------------|
| Single Reportable Security                              |                          |                       |                      |                                             |                      |                                                         |                           |
| Transactions Exceeding 5% of Plan Assets:               |                          |                       |                      |                                             |                      |                                                         |                           |
| BNYM-M DB SL LT G/C BIF                                 | Common Collective Trust  |                       | \$ 296,065,170       |                                             | \$ 172,619,086       | \$ 296,065,170                                          | \$ 123,446,083            |
| BNYM-M DB SL LT CREDIT BIF                              | Common Collective Trust  | \$ 296,065,170        |                      |                                             | \$ 296,065,170       | \$ 296,065,170                                          |                           |
| BNYM-M DB SL BROAD MKT SIF                              | Common Collective Trust  |                       | \$ 22,000,000        |                                             | \$ 12,124,910        | \$ 22,000,000                                           | \$ 9,875,090              |
| BNYM-M DB SL LGUS T-STRIPS BIF                          | Common Collective Trust  | \$ 23,000,000         |                      |                                             | \$ 23,000,000        | \$ 23,000,000                                           |                           |
| Series of Reportable Security                           |                          |                       |                      |                                             |                      |                                                         |                           |
| Transactions Exceeding 5% of Plan Assets:               |                          |                       |                      |                                             |                      |                                                         |                           |
| BNYM-M DB SL LT G/C BIF                                 | Common Collective Trust  | \$ 510,000            |                      |                                             | \$ 510,000           | \$ 510,000                                              |                           |
| BNYM-M DB SL LT G/C BIF                                 | Common Collective Trust  |                       | 310,365,170          |                                             | 181,333,285          | 310,365,170                                             | 129,031,884               |
| BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97 | Common Collective Trust  | 9,848,391             |                      |                                             | 9,848,391            | 9,848,391                                               |                           |
| BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97 | Common Collective Trust  |                       | 9,848,391            |                                             | 9,848,391            | 9,848,391                                               | -                         |
| EB TEMP INV FD - VAR RT 12/31/49 FEE CL 00              | Common Collective Trust  | 22,768,273            |                      |                                             | 22,768,273           | 22,768,273                                              |                           |
| EB TEMP INV FD - VAR RT 12/31/49 FEE CL 00              | Common Collective Trust  |                       | 35,471,463           |                                             | 35,471,463           | 35,471,463                                              | -                         |
| BNYM-M DB SL LT CREDIT BIF                              | Common Collective Trust  | 296,065,170           |                      |                                             | 296,065,170          | 296,065,170                                             |                           |
| BNYM-M DB SL LT CREDIT BIF                              | Common Collective Trust  |                       | 1,000,000            |                                             | 998,268              | 1,000,000                                               | 1,732                     |
| BNYM-M DB SL BROAD MKT SIF                              | Common Collective Trust  | 14,250,000            |                      |                                             | 14,250,000           | 14,250,000                                              |                           |
| BNYM-M DB SL BROAD MKT SIF                              | Common Collective Trust  |                       | 32,900,000           |                                             | 17,558,105           | 32,900,000                                              | 15,341,895                |
| BNYM-M DB SL LGUS T-STRIPS BIF                          | Common Collective Trust  | 37,455,000            |                      |                                             | 37,455,000           | 37,455,000                                              |                           |
| BNYM-M DB SL LGUS T-STRIPS BIF                          | Common Collective Trust  |                       | 4,600,000            |                                             | 3,263,734            | 4,600,000                                               | 1,336,266                 |

\* There are no category (iii) or (iv) transactions.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

▶ **Round off amounts to nearest dollar.**

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

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN                                                     | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>JOHNSON MATTHEY, INC.                                                   | <b>D</b> Employer Identification Number (EIN)<br><br>23-0411710 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2019</u>                                                                                                                       |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                        |                            |                           |                          |
| a Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 370,022,012               |                          |
| b Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 370,022,012               |                          |
| <b>3</b> 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.....                                                                                                                                     | 565                        | 91,157,766                | 91,157,766               |
| b For terminated vested participants.....                                                                                                                                                               | 608                        | 52,849,555                | 52,849,555               |
| c For active participants.....                                                                                                                                                                          | 914                        | 110,362,549               | 115,791,306              |
| d Total.....                                                                                                                                                                                            | 2,087                      | 254,369,870               | 259,798,627              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                   | <b>5</b> 5.65%             |                           |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                        | <b>6</b> 7,927,150         |                           |                          |

**Statement by Enrolled Actuary**

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

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <div style="text-align: center; font-size: 1.5em; margin-bottom: 10px;">✓ J S</div> <div style="text-align: center;">           Signature of actuary<br/>           VANESSA SOSKIND, ASA, EA, MAAA<br/><br/>           Type or print name of actuary<br/>           MERCER<br/><br/>           Firm name<br/>           3031 N ROCKY POINT DRIVE WEST<br/>           SUITE 700<br/>           TAMPA FL 33607<br/>           Address of the firm         </div> | <div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;">1/27/2021</div> <div style="text-align: center;">           Date<br/>           2006307<br/><br/>           Most recent enrollment number<br/>           813-207-6306<br/><br/>           Telephone number (including area code)         </div> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

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

Schedule SB (Form 5500) 2019  
v. 190130

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 49,085,721            | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 49,085,721            | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.33%</u> .....                                                                                | 6,543,127             | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 4,563,532              |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83%</u> ..... |                       | 266,054                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 4,829,586              |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 55,628,848            | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 121.01% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 142.42% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 135.45% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2019               | 0                                 | 64,963                          |                          |                                   |                                 |
| 08/15/2019               | 0                                 | 65,830                          |                          |                                   |                                 |
| 09/15/2019               | 0                                 | 98,102                          |                          |                                   |                                 |
| 10/15/2019               | 0                                 | 64,701                          |                          |                                   |                                 |
| 11/15/2019               | 0                                 | 64,459                          |                          |                                   |                                 |
| 12/15/2019               | 0                                 | 63,794                          |                          |                                   |                                 |
| 01/15/2020               | 0                                 | 60,944                          |                          |                                   |                                 |
| 02/15/2020               | 0                                 | 63,113                          |                          |                                   |                                 |
| 03/15/2020               | 0                                 | 94,462                          |                          |                                   |                                 |
| 04/15/2020               | 0                                 | 62,388                          |                          |                                   |                                 |
| 05/15/2020               | 0                                 | 58,288                          |                          |                                   |                                 |
| 06/16/2020               | 9,540,000                         | 58,071                          |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 9,540,000                         | <b>18(c)</b> 819,115            |

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

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 9,050,178 |

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

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

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.74 % | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

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

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>        | 7,927,150           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>        | 7,927,150           |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                   |                     | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>         | 0                   |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         | 9,050,178           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>        | 9,050,178           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>        |                     |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>         | 0                   |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>         | 0                   |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

| (A)            | (B)                | (C)    | (D)                                              | (E)       |
|----------------|--------------------|--------|--------------------------------------------------|-----------|
| Retirement age | Retirement Percent | Lx     | Number of employees expected to retire (B) x (C) | (A) x (D) |
| 55             | 2.00%              | 10,000 | 200                                              | 11,000    |
| 56             | 2.00%              | 9,800  | 196                                              | 10,976    |
| 57             | 2.00%              | 9,604  | 192                                              | 10,944    |
| 58             | 2.00%              | 9,412  | 188                                              | 10,904    |
| 59             | 7.00%              | 9,224  | 646                                              | 38,114    |
| 60             | 7.00%              | 8,578  | 600                                              | 36,000    |
| 61             | 10.00%             | 7,978  | 798                                              | 48,678    |
| 62             | 25.00%             | 7,180  | 1,795                                            | 111,290   |
| 63             | 5.00%              | 5,385  | 269                                              | 16,947    |
| 64             | 30.00%             | 5,116  | 1,535                                            | 98,240    |
| 65             | 30.00%             | 3,581  | 1,074                                            | 69,810    |
| 66             | 30.00%             | 2,507  | 752                                              | 49,632    |
| 67             | 60.00%             | 1,755  | 1,053                                            | 70,551    |
| 68             | 60.00%             | 702    | 421                                              | 28,628    |
| 69             | 60.00%             | 281    | 169                                              | 11,661    |
| 70             | 100.00%            | 112    | 112                                              | 7,840     |
| Total          |                    |        |                                                  | 631,215   |
| Average        |                    |        |                                                  | 63.12     |

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: July 1, 1950<br>Restated plan: July 1, 2018<br>Plan year: July 1 to June 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Most recent amendment                            | Amendment 2018-1 effective April 1, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Status of the plan                               | The plan has ongoing benefit accruals but is closed to any employee hired or rehired on or after September 1, 2013.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Significant events that occurred during the year | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • Eligibility                                    | Each employee of a participating location hired before September 1, 2013 will be eligible on the first day of the employment year in which he/she is paid for at least 1,000 hours.<br>Employees hired on or after September 1, 2013, including rehired employees, will not be eligible to participate in this plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Employee contributions                         | Contributions were required of all participants until April 1, 1974.<br>Under the Choice Program, effective April 1, 2014, participants who elected to continue accruing benefits and service in the Pension Plan are required to contribute 1.5% of cash compensation (excluding bonuses and overtime) to do so.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Vesting service                                | Vesting Service is based on plan years with 1,000 hours with no partial credit for less than 1,000 hours except as noted in the Credited service section below.<br>Effective for severance periods that begin after December 31, 2017, participants do not earn vesting service while receiving severance payments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Credited service                               | For Employees hired before September 1, 2013, any period of employment as an Employee of a Participating Employer.<br>Prior to July 1, 1982, service is measured in years and completed months of elapsed time. After June 30, 1982, a full Year of Credited Service is earned for each year a participant is credited with 2,080 hours. Partial credit is given in one-month increments during any year that a participant is credited with less than 2,080 hours.<br>Alfa division employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and February 13, 1989 through the earlier of their date of termination and September 30, 2015.<br>SMA employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and February 13, 2001.<br>Pharm-Eco employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and April 20, 2001.<br>CMC employees receive Vesting Service and benefit service from their original date of hire.<br>Synetix employees receive Vesting Service and benefit service from their original date of hire. (Service prior to November 1, 2002 is based on the provisions of the ICI Americas Pension Plan.)<br>JM Vehicle Testing and Development employees receive Vesting Service from the later of their date of hire and February 3, 1999 and benefit service from April 1, 2005. |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | <p>Lancaster Labs employees receive vesting and benefit service from the later of their date of hire and October 1, 2004.</p> <p>Quest TruTec employees receive vesting and benefit service from the later of their date of hire and April 21, 2006.</p> <p>Argillon employees receive Vesting Service from the later of their date of hire and February 6, 2008 and benefit service from the later of their date of hire and April 1, 2009.</p> <p>For participants who elected to switch to the new DC Plus Plan, effective April 1, 2014, Credited Service is frozen as of March 31, 2014.</p> <p>Employees rehired on or after September 1, 2013 who previously had accrued a benefit under the Plan will not be eligible to earn Credited Service for benefit accrual purposes after rehire. They will, however, earn Vesting Service.</p> <p>Effective for severance periods that begin after December 31, 2017, participants do not earn credited service while receiving severance payments.</p> |
| • Final average monthly earnings | <p>Average of the cash compensation (excluding bonuses and overtime) received for the highest 60 consecutive months. For non-highly compensated Synetix employees, cash compensation included bonuses and overtime until October 31, 2006.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Final Average Earnings is frozen as of March 31, 2014.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • Social Security Breakpoint     | <p>\$916.67 times the ratio of the Social Security Taxable Wage Base for the year of termination, divided by the Social Security Taxable Wage Base for 1982 (which is \$32,400).</p> <p>The Social Security Taxable Wage for the year of termination is based on a weighted average of the current and preceding year's Social Security Taxable Wage Base.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Social Security Breakpoint is frozen as of March 31, 2014.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Accrued benefit                | <p>Amount earned to date of determination based on benefit formula for Normal Retirement (using Final Average Monthly Earnings and Years of Credited Service at date of determination). The Accrued Benefit is increased by the benefit attributable to the value of any employee contributions made prior to April 1, 1974.</p> <p>For participants making employee contributions after March 31, 2014, the accrued benefit cannot be less than (a) + (b) + (c) below, where:</p> <ol style="list-style-type: none"> <li>Accrued benefit as of March 31, 2014;</li> <li>Accumulated employee contributions with interest through termination date, converted to a life annuity with 60 months guaranteed; and</li> <li>50% of the benefit accrued after March 31, 2014</li> </ol>                                                                                                                                                                                                                       |

**Schedule SB, Part V — Summary of Plan Provisions**

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Eligibility            | Retirement on the first day of the month coincident with or following attainment of age 65 and completion of five years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Benefit                | <p>-1.4% x Years of Credited service (35-year maximum) x final average monthly earnings up to the Social Security Breakpoint; plus</p> <p>-1.7% x Years of Credited service (35-year maximum) x final average monthly earnings in excess of the Social Security Breakpoint; plus</p> <p>-1.7% x Years of Credited service over 35 (5-year maximum) x final average monthly earnings</p> <p>For Syntex employees who were participants of the ICI Americas Pension Plan, the benefit for service prior to November 1, 2002 is determined under the terms of the ICI Americas Pension plan.</p> <p>For non-highly compensated Syntex employees, the Johnson Matthey portion of the benefit cannot be less than the benefit accrued under the Johnson Matthey plan formula through October 31, 2006, but using the ICI Americas Pension Plan definition of pay.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Normal Retirement Benefit is frozen as of March 31, 2014.</p>                                                                            |
| <b>Early retirement</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Eligibility            | Retirement on the first day of any month coincident with or following attainment of age 55 and completion of five years of Vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Benefit                | <p>If the Participant has less than 15 years of Vesting service, Accrued benefit to date of termination is reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months of early commencement. If a Participant has 15 or more years of Vesting service at the time of termination and is age 55 or older, unreduced benefits are payable at age 62. If a Participant has at least 15 years of Vesting service at the time of termination and is age 55 or older, the Accrued benefit is reduced by 1/240 for each of the first 60 months and 1/150 for each of the next 24 months of early commencement.</p> <p>For participants with less than 15 years of vesting service, the accrued benefit is reduced from age 65. For participants with 15 or more years of vesting service, the accrued benefit is reduced from age 62.</p> <p>For certain Syntex employees, the early retirement reduction under the ICI Americas Pension Plan provisions applies to benefits accrued prior to October 31, 2006, if more favorable than the Johnson Matthey plan provisions.</p> |
| <b>Late retirement</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Eligibility            | Retirement after attainment of normal retirement age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Benefit                | Accrued benefit as of late retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deferred vested</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility                                          | Termination after completion of at least five years of Vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Benefit                                              | <p>Accrued benefit payable at Normal Retirement Date or reduced for early commencement after age 55.</p> <p>Participant may elect immediate payment within 120 days of termination as either a lump sum, annuity in the normal form, or as a 75% J&amp;S. This last option is only available for married participants with their spouse as the beneficiary.</p> <p>Participants who elect to defer commencement beyond the 120-day period following termination of employment can commence anytime following the attainment of age 55 and all optional forms are available at that time.</p> <p>Benefits commencing prior to age 65 are reduced as follows:</p> <p>For annuity starting dates prior to July 1, 2017, on an actuarial equivalent basis from age 65 using UP84 mortality and an 8.0% interest rate.</p> <p>For annuity starting dates on and after July 1, 2017, on an actuarial equivalent basis from age 65 using the applicable mortality table specified under section 417(e)(3)(B) of the code and the applicable interest rates specified under section 417(e)(3)(C) of the code for the March immediately preceding the plan year in which payments begin. Under no circumstance will the early retirement benefit be less than the benefit accrued through December 31, 2017 (or termination date, if earlier) reduced using the actuarial basis described immediately above.</p> |
| <b>Disability</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility                                          | Retirement due to disability (as determined by the Committee on basis of independent medical evidence) after completion of at least 10 years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit                                              | Continued benefit accruals until Normal Retirement Date. Employee may elect to commence a benefit after attainment of age 55 with applicable reduction for early retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Pre-retirement death</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility prior to early retirement                | Participant vested in Accrued Benefit and married for at least one year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Benefit prior to early retirement                    | Annuity payable to participant's spouse equal to 50% of the benefit the employee would have received had the employee terminated the day before his/her death, retired when first eligible for early retirement, and elected the Joint & 50% Survivor option. If participant had employee contributions, they will be paid with interest to the beneficiary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Eligibility after early but before normal retirement | Participant eligible for early retirement, not yet receiving a benefit; married for at least one year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit after early but before normal retirement     | Annuity payable to participant's spouse equal to 100% of the benefit the employee would have received had the employee retired on the day before his/her death and elected the Joint & 100% Survivor option. If a participant had employee contributions, they will be paid with interest to the beneficiary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Form of benefits</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Automatic form for unmarried participants            | Life Annuity with 60 months guaranteed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Automatic form for married participants              | Joint and 50% Survivor Annuity (actuarially reduced).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                    |                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Optional forms                   | Life annuity;<br>Life annuity with 60 or 120 months guaranteed;<br>Joint and 50%, 66 2/3%, 75%, or 100% Survivor annuity;<br>Unlimited lump-sum payment.<br><br>Synetix employees who were participants of the Unichema pension plan may elect a full lump-sum payment for benefits accrued prior to October 31, 2006.                                                            |
| • Optional form conversion factors | For annuities with Annuity Start Dates prior to July 1, 2017 - UP84 mortality with three year setback for beneficiaries and 8.0% interest.<br><br>For all lump sums and annuities with Annuity Start Dates on or after July 1, 2017– 417(e) interest rates for the month of March preceding the plan year in which the payment is made and the applicable 417(e) mortality table. |
| <b>Miscellaneous</b>               |                                                                                                                                                                                                                                                                                                                                                                                   |
| • Maximum compensation             | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2019, the limit is \$275,000.                                                                                                                          |
| • Maximum benefits                 | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.                                                                                                                                                                                                                                                   |
| • Funding medium                   | Master trust fund with Mellon Capital Management Corporation.                                                                                                                                                                                                                                                                                                                     |

**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated effective July 1, 2019 are included in this valuation.

- **Most recent plan amendments included:** Amendment 2018-1 (which was incorporated in the July 1, 2018 plan restatement).
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70 ½.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Plan provisions specific to funding****Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** N/A
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2019 to 2020.

**Johnson Matthey Inc.**  
**Amended and Restated Salaried Employees Pension Plan**

**Schedule of Assets (Held at End of Year) as of June 30, 2020**  
**Employer Identification Number: 23-0411710 Plan Number: 001**

| (a) | (b)                                              | (c)                                                                                                                | (d)            | (e)              |
|-----|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|------------------|
|     | Identity of issuer,<br>borrower or similar party | Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value** | Cost           | Current<br>Value |
| *   | BNYM-M DB SL LT CREDIT BIF                       | Common collective trust                                                                                            | \$ 295,066,902 | \$ 296,370,905   |
| *   | EB TEMP INV FD VAR RT 12/31/49 FEE CL 00         | Common collective trust                                                                                            | 1,410,730      | 1,410,730        |
| *   | BNYM-M DB SL BROAD MKT SIF                       | Common collective trust                                                                                            | 16,030,172     | 29,012,638       |
| *   | BNYM-M DB SL LGUS T-STRIPS BIF                   | Common collective trust                                                                                            | 73,912,829     | 98,664,783       |

\* A party-in-interest as defined by ERISA.

\*\* There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

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

- The mortality rates and interest rates were updated as prescribed by PPA.
- Lump sum mortality was updated to 2019 417(e) unisex mortality.
- The expense component of normal cost decreased from \$1,080,000 to \$800,000 to reflect our expectations for the current plan year.
- The interest rate on employee contributions decreased from 3.45% to 2.50%.
- The salary increase rate at each age was increased by 1 basis point to result in an average salary increase of 3.0%.