Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/09/1966

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

LONZA, LLC

412 MOUNT KEMBLE AVENUE
SUITE 200S
MORRISTOWN, NJ 07960

2b Employer Identification Number (EIN)
13-5665861

2c Plan Sponsor's telephone number
201-316-9200

2d Business code (see instructions)
325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	KIM FIORENZO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	155
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	73
a(2) Total number of active participants at the end of the plan year	**6a(2)**	71
b Retired or separated participants receiving benefits	**6b**	59
c Other retired or separated participants entitled to future benefits	**6c**	4
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f Total. Add lines **6d** and **6e**	**6f**	154
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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.

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	15415730
b Actuarial value	**2b**	14887910

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	78	8500711	8500711
b For terminated vested participants	4	230832	230832
c For active participants	73	4774635	5137839
d Total	155	13506178	13869382

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost	**6**	99219

Statement by Enrolled Actuary

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

SIGN HERE

	10/13/2021
Signature of actuary	Date
LIANA PETRUSO	20-07060
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	203-326-5400
Firm name	Telephone number (including area code)

3001 SUMMER STREET
FLOOR 5
STAMFORD, CT 06905

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 19.02 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		466472
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.48 %		25563
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		492035
d	Portion of (c) to be added to prefunding balance		490000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	490000

Part III Funding Percentages

14	Funding target attainment percentage	14	103.81 %
15	Adjusted funding target attainment percentage	15	107.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/28/2021	70000	0			
			Totals ► 18(b)	70000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	65346

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

21 Discount rate:

a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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**	99219
b Excess assets, if applicable, but not greater than line 31a	**31b**	99219

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	65346

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

a Total (excess, if any, of line 37 over line 36)	**38a**	65346
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under 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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

GRANAHAN

04-2856200

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

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

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

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

WISS & COMPANY, LLP

22-1732349

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14641	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	7547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 50 51 62 63 68 99	NONE	5400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

SHAPIRO CAPITAL MANAGEMENT LLC

20-4196445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	5095	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SLC CAPITAL MANAGEMENT

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	5035	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LONZA AMERICA INC. MASTER RTMT TRUS

b Name of sponsor of entity listed in (a): LONZA AMERICA LLC

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)
22-3539405-001	M	16429709

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	70000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	14923695	16429709
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15423695	16499709
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	19108	33407
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19108	33407
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15404587	16466302

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	70000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		70000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2000718
(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		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2070718
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	829445	
(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)		829445
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)	22188	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33777	
(4) Other	2i(4)	123593	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		179558
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1009003
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1061715
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [X] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WISS & COMPANY, LLP **(2)** EIN: 22-1732349

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4303157.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

Part I Distributions

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

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

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

EIN(s): 04-1867445 36-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% 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):

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_____

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

FINANCIAL REPORT
DECEMBER 31, 2020

INDEPENDENT AUDITORS' REPORT

The Retirement Committee of Lonza, LLC
Pension Plan for Employees of Lonza, LLC
Represented by the United Steelworkers of America, Local 4907

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Employees of Lonza, LLC Represented by the United Steelworkers of America, Local 4907 (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2019, the related statement of changes in accumulated plan benefits for the year 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. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' 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 State Street Bank and Trust Company, and Northern Trust Company, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2019 and for the period January 1, 2020 to June 30, 2020 and Northern Trust Company held the Plan's investment assets and executed investment transactions for the period July 1, 2020 to December 31, 2020. The Plan Administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not 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.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustees, 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.

Wiss & Company

WISS & COMPANY, LLP

Florham Park, New Jersey
October 13, 2021

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
ASSETS:		
Investment in Lonza America Inc. Master Trust, at fair value	$ 16,429,709	$ 14,923,695
Employer contributions receivable	70,000	500,000
Total Assets	16,499,709	15,423,695
LIABILITY -		
Accrued administrative expenses	33,407	19,108
Net Assets Available for Benefits	$ 16,466,302	$ 15,404,587

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income in Lonza America Inc. Master Trust	$ 2,000,718	$ 2,444,896
Employer contributions	70,000	500,000
Total Additions	2,070,718	2,944,896
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	829,445	832,393
Administrative expenses	179,558	125,305
Total Deductions	1,009,003	957,698
NET INCREASE	1,061,715	1,987,198
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	15,404,587	13,417,389
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 16,466,302	$ 15,404,587

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2019

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants currently receiving payments	$ 7,984,822
Active employees	4,635,984
Participants with deferred benefits	224,068
	12,844,874
Nonvested accumulated benefits	343,449
Total Actuarial Present Value of Accumulated Plan Benefits	$ 13,188,323

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2019

Actuarial Present Value of Accumulated Plan Benefits at January 1, 2019	$ 13,503,976
Increase/(decrease) during the year attributable to:	
Benefits accumulated	78,899
Actuarial gains	(249,677)
Change in discount period	757,418
Assumption changes	(69,900)
Benefits paid	(832,393)
Net decrease	(315,653)
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2019	$ 13,188,323

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

The following description is intended to give a general summary of the significant provisions of the Pension Plan for Employees of Lonza, LLC Represented by the United Steelworkers of America, Local 4907 (the "Plan"). Interested Plan participants should refer to the full Plan document for more detailed explanations and information regarding the Plan's provisions.

General - The Plan is a noncontributory, defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was sponsored by Lonza Inc., a wholly owned subsidiary of Lonza America Inc. ("LAI") through November 5, 2019, until Lonza Inc. was renamed Lonza, LLC (the "Company") who remained the Plan Sponsor. As a result of the Plan Sponsor name change, the name of the Plan was changed from Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America, Local 4907 to Pension Plan for Employees of Lonza, LLC Represented by the United Steelworkers of America, Local 4907.

Pension Benefits - Under the terms of the Plan, the participants are eligible for pension benefits upon reaching the normal retirement age of 65 after completion of five years of credited service. Monthly benefit payments are computed by multiplying the number of years of credited service by a dollar rate in effect at the time of termination. The monthly benefits for each year of service are as:

On and after October 1, 2003, but prior to October 1, 2004	$34.75
On and after October 1, 2004, but prior to October 1, 2005	$35.75
On and after October 1, 2005, but prior to October 1, 2006	$37.00
On and after October 1, 2006, but prior to October 1, 2007	$38.00
On and after October 1, 2007, but prior to October 1, 2008	$39.00
On and after October 1, 2008	$40.00

Retirees may elect to receive pension benefits in various forms of annuity options. Lump-sum cash distributions are provided for present value distributions of $5,000 or less at participant's consent. Participants may also elect early retirement after attainment of age 55 and completion of five years of credited service. Prior to October 21, 2010, such early retirement supplement was $300 per month and, effective October 21, 2010, such early retirement supplement was increased to $325 per month. The early retirement supplement will be paid to the participant from age 62 until the first day of the month following the participant's 65 birthday or date of death, whichever is earlier.

Effective December 31, 2009, employees covered by the Plan became fully vested in their accrued benefits. No new hires were eligible to participate in the Plan after December 31, 2012. Benefit accruals for all participants as of December 31, 2009, other than those participants who attain age 50 by June 30, 2010, were frozen. Also, participants who are employees as of December 31, 2009 continue to be credited with service for purposes of determining their early retirement date and for purposes of determining eligibility to receive their disability retirement benefit.

On November 21, 2013, the Company approved an amendment effective January 1, 2015 which stated employees who retire from active service or after attaining the age of 62 and whose early retirement benefit commences between the ages of 62 and 65 shall not be entitled to any supplemental early retirement benefits under the Plan. The amendment was considered in the actuary's valuation reports dated January 1, 2014 and beyond.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Death and Survivorship Benefits - The surviving spouse of any deceased participant who was vested at the date of death, is entitled to a death benefit payable contingent upon the participant's employment status, age and years of credited service on the date of death.

Disability Benefits - An employee who becomes totally and permanently disabled after attaining age 45 and has completed fifteen (15) years of continuous service, or has completed at least eighteen (18) years of continuous service, is eligible for disability benefits. On and after 11:00 p.m. October 21, 2011, the monthly permanent disability benefit is $400 and is payable until the earliest of death, cessation of disability or normal retirement date. Effective January 1, 2014, no disability retirement benefits shall be payable under the Plan except to (a) employees already entitled to the aforementioned disability retirement benefits on December 31, 2013, and (b) employees who are determined to be totally disabled whose disability is due to an event first occurring on or prior to December 31, 2013 and who is not entitled to a benefit under the Company's long-term disability plan.

Deferred Vested Pension Benefits - Participants terminating for reasons other than death, disability, or retirement who have completed five or more years of credited service are eligible for deferred vested pension benefits after attaining normal retirement age or at age 55 if the conditions for early retirement are fulfilled. Early retirement benefits are at a reduced percentage of normal retirement benefits based on the participant's age at the date of benefit commencement.

Trust Managed by the Trustees - The assets of the Lonza America Inc. Master Retirement Trust were held and managed by State Street Bank and Trust Company for the year ended December 31, 2019 and for the period January 1, 2020 to June 30, 2020 and Northern Trust Company (the "Trustees") for the period July 1, 2020 to December 31, 2020. Under the terms of the agreement between LAI and the Trustees, the Trustees manages Lonza America Inc. Master Retirement Trust on behalf of the Plan. The Trustees have been granted discretionary authority concerning purchases and sales of investments in the Lonza America Inc. Master Retirement Trust in accordance with the general guidelines established by the Plan Administrator. Additionally, the Plan's Retirement Committee (the "Committee") regularly reviews the investment performance with an independent investment advisor and the Committee may direct the acquisition and disposition of the assets of the Plan.

Funding Policy - The Company's policy is to make contributions to provide the benefits under the Plan and is subject to the provisions of ERISA. Contributions by the Company are based upon actuarial computations of the present value of future benefits to be paid to participants as of the beginning of the Plan year. The actuarial cost method used to determine employer contributions to the Plan is the projected unit credit method. In accordance with the Company's funding policy, contributions for 2020 and 2019 were within the minimum and maximum funding requirements of ERISA.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The Plan's financial statements have been prepared on the accrual basis of accounting.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Use of Estimates - The preparation of financial statements, in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions in net assets available for benefits during the reporting period. Actual results, as determined at a later date, could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by its investments advisors, trustees, and insurance company. See Note 6 for a discussion of fair value measurements.

Investment income in Lonza America Inc. Master Retirement Trust consists of interest income, dividend income and net appreciation of investments. Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Eligible expenses to the extent not reimbursed by the Company, include, but are not limited to, investment managers' fees, actuarial fees, legal fees, and audit fees. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. The Company provides internal accounting and administrative services to the Plan.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Newly Adopted Accounting Pronouncements - Effective January 1, 2020, the Plan adopted Accounting Standards Update No. 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement, which eliminates and modifies certain disclosure requirements for fair value measurements. While the adoption of this guidance required adjustments to the fair value disclosures, it did not have a material impact on the Plan's disclosures within the notes to financial statements.

Subsequent Events - The Plan Administrator has evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Note 3 - Plan Termination:

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, in the following order:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years prior to the termination date of the Plan, 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 an annuity under the Plan. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).

c) All other vested benefits (that is vested benefits not insured by the PBGC).

d) 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 survivors' 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 PBGC level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefits that the PBGC guarantees, which is adjusted periodically.

Whether all the participants receive their benefits should the Plan terminate at some future date will depend on the adequacy, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 4 - Investments Certified by the Trustees:

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, State Street Bank and Trust Company and Northern Trust Company, the Trustees, have certified that the following information included in the financial statements is complete and accurate:

a) Investments, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.

b) Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.

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

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Note 5 - Plan Interest in Master Trust:

The Plan's investments are in a Master Trust, which was established for the investment of assets of the plan and several other sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Trustees. The value of the Plan's interest in the Lonza America, Inc. Master Retirement Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

At December 31, 2020 and 2019, the Plan's interest in the net assets of the Lonza America Inc. Master Retirement Trust was approximately 3%. Investment income and administrative expenses relating to the Lonza America Inc. Master Retirement Trust are allocated to the individual participating plans based upon average monthly balances invested by each plan. Those expenses which are specifically identifiable to the Plan are charged in full to the Plan. The Plan's specific interest in the net assets of the Lonza America Inc. Master Retirement Trust is neither senior nor subordinate to the specific interest of the other plans participating in the Lonza America Inc. Master Retirement Trust.

The following table presents the fair value of assets for the Master Trust and the Plan's interest in its investments as of December 31, 2020 and 2019, certified as complete and accurate by the Trustees.

	December 31, 2020		December 31, 2019	
	Master Trust Balances	Plan's Interest in the Master Trust	Master Trust Balances	Plan's Interest in the Master Trust
Interest bearing cash	$ 5,967,868	$ 196,934	$ 9,075,793	$ 293,910
U.S. government and corporate debt securities	43,757,235	1,443,951	50,142,086	1,623,800
Mutual funds	274,698,650	9,064,818	199,880,166	6,472,914
Common stock	62,426,973	2,060,036	63,279,435	2,049,240
Corporate bonds	110,059,876	3,631,881	-	-
Common collective trusts	-	-	138,080,514	4,471,595
Total investments	496,910,602	16,397,620	460,457,994	14,911,459
Accrued income	972,403	32,089	339,022	10,980
Other receivable	-	-	38,797	1,256
Net assets available to participating plans	$ 497,883,005	$ 16,429,709	$ 460,835,813	$ 14,923,695

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Investment income of the Lonza America Inc. Master Retirement Trust for the years ended December 31, 2020 and 2019, certified as complete and accurate by the Trustees is as follows:

	Year Ended December 31,	
	2020	2019
Lonza America Inc. Master Retirement Trust investment income:		
Interest	$ 1,995,889	$ 1,738,176
Dividends	5,390,671	12,481,977
Loss from pooled funds	(104,196)	(195,146)
Net realized gain	32,010,545	3,730,735
Net unrealized appreciation	21,488,932	58,542,552
Total Lonza America Inc. Master Retirement Trust investment income available to participating plans	$ 60,781,841	$ 76,298,294
Plan's share of investment income in Lonza America Inc. Master Retirement Trust	$ 2,000,718	$ 2,444,896

See Note 6 for all relevant fair value disclosures related to investment in the Master Trust including valuation methodologies used and leveling within the fair value hierarchy.

Note 6 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

- *Interest bearing cash:* Valued at the closing price in a similar market in which the fund is traded.
- *Mutual funds:* Valued at the quoted market prices in an active market which is held by the Plan at year end.
- *Corporate bonds:* Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
- *Common stock:* Valued at the closing price reported on the active market in which the security is traded.
- *Common collective trusts:* Valued at net asset value (NAV) of units as reported in the audited financial statements by the investment manager. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.
- *US government and corporate debt securities:* Valued at the closing price reported in the active market in which the individual investment is traded. Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management 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.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2020 and 2019, respectively.

Master Trust's Investments at Fair Value as of December 31, 2020

	Level 1	*Level 2*	*Level 3*	*Total*
Interest bearing cash	$ -	$ 5,967,868	$ -	$ 5,967,868
U.S. government and corporate debt securities	20,183,631	23,573,604	-	43,757,235
Mutual funds	274,698,650	-	-	274,698,650
Corporate bonds	-	110,059,876	-	110,059,876
Common stock	62,426,973	-	-	62,426,973
Total investments in the fair value hierarchy	$ 357,309,254	$ 139,601,348	$ -	$ 496,910,602

Master Trust's Investments at Fair Value as of December 31, 2019

	Level 1	*Level 2*	*Level 3*	*Total*
Interest bearing cash	$ -	$ 9,075,793	$ -	$ 9,075,793
U.S. government and corporate debt securities	46,463,780	3,678,306	-	50,142,086
Mutual funds	199,880,166	-	-	199,880,166
Common stock	63,279,435	-	-	63,279,435
Total investments in the fair value hierarchy	$ 309,623,381	$ 12,754,099	$ -	322,377,480
Investments measured at net asset value (a)				138,080,514
Total master trust's investments, at fair value				$ 460,457,994

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets available for Benefits.

At December 31, 2020 and 2019, the Master Trust had assets and liabilities consisting of accrued income and other receivable. These assets and liabilities equal or approximate fair value due to the underlying assets being common stock, U.S. government securities and corporate debt securities, corporate bonds, interest bearing cash, and common collective trusts.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2020 and 2019, there were no significant transfers in or out of levels 1, 2, or 3.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Fair Value of Investments in Entities that Use Net Asset Value:

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2019.

	Fair Value 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
State Street S&P 500 Flagship Non Lending Fund	$ 97,735,905	None	Daily	None
Artisan FDS Inc	40,344,609	None	Daily	None
	$ 138,080,514			

Note 7 - Risks and Uncertainties and Concentration of Investment Risk:

The assets of the Lonza America Inc. Master Retirement Trust are primarily investment securities, which are monetary in nature. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

The Plan may have investments in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies and defaults, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Master Trust had no investment concentrations at December 31, 2020. The Master Trust's investment in two funds comprised approximately 33% of total investments at December 31, 2019.

The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of potential losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity, cannot be determined at this time.

PENSION PLAN FOR EMPLOYEES OF LONZA, LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA, LOCAL 4907

NOTES TO FINANCIAL STATEMENTS

Note 8 - Accumulated Plan Benefits:

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

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

The actuarial valuation was performed as of January 1, 2020; however, there are no material differences between the values determined as of that date and those presented as of December 31, 2019. The significant actuarial assumptions used in the valuation as of January 1, 2020 were: (a) assumed discount interest rate of 5.75%; (b) weighted average retirement age of 63; (c) separate rates for non-annuitants and annuitants, based on RP-2014 mortality tables projected generationally with Scale MP-2020. The projected unit credit method was used to determine contributions to the Plan. 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.

Note 9 - Tax Status:

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 9, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

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 the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

Note 10 - Party-in-Interest:

The assets of the Master Trust invested in funds of the Trustees are considered party-in-interest transactions. The Trustees are a party-in-interest as providers of investment management and custodial services to the trust funds.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	1	2	1	0	0	0	0	0	0	4
45-49	0	1	4	8	8	0	0	0	0	0	21
50-54	0	0	1	7	2	4	0	0	0	0	14
55-59	0	0	3	4	3	2	0	0	0	0	12
60-64	0	0	0	0	2	3	0	5	0	4	14
65-69	0	0	0	0	1	0	0	2	0	1	4
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	11	20	16	9	0	7	0	5	73

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
EIN / PN: 13-5665861/002
Plan Sponsor: Lonza LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September 2019
■ Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	3.64%	2.79%
■ Second segment rate	5.21%	3.92%
■ Third segment rate	5.94%	4.38%
■ Effective interest rate	5.33%	4.03%

Annual rates of increase

■ Compensation	N/A
■ Future Social Security wage base	N/A

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using MP-2018*)* and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Disability

Class II incidence rates under the 1985 Unisex Pension Disability Table.

Termination

Rates varying by age

Representative rates:	
Age	Rate
25	7.96%
40	3.12%
55	0.00%

Retirement

100% at age 63 or valuation date, if later.

Benefit commencement date

- Retirement Benefit — Upon termination of employment
- Deferred Vested Benefit — At age 65
- Preretirement Death Benefit — The later of the death of the active participant or the date the participant would have attained age 55.

Form of payment

100% of participants are assumed to elect a life annuity.

Percent married

100% of males and females are assumed to be married.

Spouse age

Wife three years younger than husband.

SCHEDULE SB ATTACHMENTS

Administrative expenses	Normal cost includes a provision for administrative expenses. The amount included for plan related expenses is $31,000 determined by taking previous year's actual administrative expenses adjusted for changes in the PBGC premium.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Lonza regarding the likelihood that these benefits will be paid. Willis Towers Watson

has reviewed the plan provisions with Lonza and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan may pay small benefits (with a present value up to $5,000) in a lump sum. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). Administrative expenses were estimated by reflecting the expected PBGC premiums, and the actual expenses, other than PBGC premiums, paid from the trust the preceding year.
Assumed return for asset smoothing	The assumed return of 5.75% used for asset smoothing is the expected return on assets assumption chosen by the client with the help of their investment advisers for the 2019 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	The termination rates reflect a best estimate of future experience. Valuation results are reviewed annually with respect to gains and losses caused by termination patterns different than assumed as well as annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	The retirement assumption reflects a best estimate of future experience. Valuation results are reviewed annually with respect to gains and losses caused by retirement patterns different than assumed as well as annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits

- Deferred vested benefit

Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but it is expected that many deferred vested participants will begin benefits at normal retirement.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Sources of Data and Other Information

Lonza, LLC furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2018 to September 2019.

The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.

The assumed plan-related expenses added to the normal cost were changed from $168,000 for 2019 to $31,000 for 2020.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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.

A Name of plan
PENSION PLAN FOR EMPLOYEES OF LONZA LLC REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 4907)

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-5665861

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	15,415,730
b Actuarial value	**2b**	14,887,910

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	78	8,500,711	8,500,711
b For terminated vested participants	4	230,832	230,832
c For active participants	73	4,774,635	5,137,839
d Total	155	13,506,178	13,869,382

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost	**6**	99,219

Statement by Enrolled Actuary

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

SIGN HERE LIANA PETRUSO LP 10/13/2021

Signature of actuary — Date

LIANA PETRUSO — 2007060

Type or print name of actuary — Most recent enrollment number

Willis Towers Watson US LLC — 203-326-5400

Firm name — Telephone number (including area code)

3001 Summer Street
Floor 5
Stamford CT 06905

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 19.02%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		466,472
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.48%		25,563
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		492,035
	d Portion of (c) to be added to prefunding balance		490,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	490,000

Part III Funding Percentages

14	Funding target attainment percentage	14	103.81%
15	Adjusted funding target attainment percentage	15	107.34%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.81%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/27/2021	70,000				
			Totals ► 18(b)	70,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	65,355

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.64 %	5.21 %	5.94%	

b Applicable month (enter code)	**21b**	4
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**	99,219
b Excess assets, if applicable, but not greater than line 31a	**31b**	99,219

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	65,355

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

a Total (excess, if any, of line 37 over line 36)	**38a**	65,355
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under 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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Lonza LLC
EIN/PN	13-5665861/002
Plan Name	Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
Valuation Date	January 1, 2020
Enrolled Actuary	Liana Petruso
Enrollment Number	20-07060

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
EIN / PN:	13-5665861/002
Plan Sponsor:	Lonza LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September 2019
■ Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	3.64%	2.79%
■ Second segment rate	5.21%	3.92%
■ Third segment rate	5.94%	4.38%
■ Effective interest rate	5.33%	4.03%

Annual rates of increase

■ Compensation	N/A
■ Future Social Security wage base	N/A

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using MP-2018*)* and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Disability

Class II incidence rates under the 1985 Unisex Pension Disability Table.

Termination

Rates varying by age

Representative rates:	
Age	Rate
25	7.96%
40	3.12%
55	0.00%

Retirement

100% at age 63 or valuation date, if later.

Benefit commencement date

- Retirement Benefit — Upon termination of employment
- Deferred Vested Benefit — At age 65
- Preretirement Death Benefit — The later of the death of the active participant or the date the participant would have attained age 55.

Form of payment

100% of participants are assumed to elect a life annuity.

Percent married

100% of males and females are assumed to be married.

Spouse age

Wife three years younger than husband.

SCHEDULE SB ATTACHMENTS

Administrative expenses	Normal cost includes a provision for administrative expenses. The amount included for plan related expenses is $31,000 determined by taking previous year's actual administrative expenses adjusted for changes in the PBGC premium.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Lonza regarding the likelihood that these benefits will be paid. Willis Towers Watson

has reviewed the plan provisions with Lonza and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan may pay small benefits (with a present value up to $5,000) in a lump sum. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). Administrative expenses were estimated by reflecting the expected PBGC premiums, and the actual expenses, other than PBGC premiums, paid from the trust the preceding year.
Assumed return for asset smoothing	The assumed return of 5.75% used for asset smoothing is the expected return on assets assumption chosen by the client with the help of their investment advisers for the 2019 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	The termination rates reflect a best estimate of future experience. Valuation results are reviewed annually with respect to gains and losses caused by termination patterns different than assumed as well as annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	The retirement assumption reflects a best estimate of future experience. Valuation results are reviewed annually with respect to gains and losses caused by retirement patterns different than assumed as well as annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits

■ Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but it is expected that many deferred vested participants will begin benefits at normal retirement.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Sources of Data and Other Information

Lonza, LLC furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2018 to September 2019.

The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.

The assumed plan-related expenses added to the normal cost were changed from $168,000 for 2019 to $31,000 for 2020.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date

Adopted August 9, 1966; last restated effective January 1, 2017. The most recent plan amendment reflected in the plan provisions was adopted November 21, 2013.

Eligibility for participation

All regular, full-time employees of the Company who are represented by the collective bargaining unit of the United Steelworkers of America (Local 4907) are eligible to participate at commencement of employment. New hires after December 31, 2009 are no longer eligible to participate.

Definitions

Continuous Service

Number of years and completed months of continuous employment

Monthly Accrued Benefit

The monthly benefit is equal to the years and months of Continuous Service times a benefit multiplier as follows:

Effective Date	Benefit Multiplier
October 1, 2005	$37.00
October 1, 2006	$38.00
October 1, 2007	$39.00
October 1, 2008	$40.00

Service is frozen as of December 31, 2009 for active employees who will not attain age 50 on or before June 30, 2010.

Benefits Paid Upon the Following Events

Normal retirement

- Eligibility — Age 65 and 5 years of Continuous Service.
- Amount — The Accrued Benefit payable immediately.

SCHEDULE SB ATTACHMENTS

Early retirement

- Eligibility — Age 55 and 5 years of Continuous Service.
- Amount — The Accrued Benefit reduced by 0.5% for each month prior to Normal Retirement Date. However, for employees who retire from active service on or after attaining age 62 and prior to age 65, the Accrued Benefit is not reduced for early retirement.

Supplemental Benefit

- Eligibility — Employees who retire from active service after attainment of age 62 with 5 years of Continuous Service.

  Effective January 1, 2015, future retirees are no longer eligible for this benefit.
- Amount — A monthly benefit of $300 payable until the employee attains age 65 or date of death, if earlier. Effective October 21, 2010, new retirees will receive $325 per month.

Termination

- Eligibility — Termination with 5 years of Continuous Service. As of December 31, 2010, all accrued benefits are fully vested.
- Amount — The Accrued Benefit
- Benefit Commencement — Payable at Normal Retirement Date or as early as age 55 with a reduced benefit. The reduction is 0.5% per month that commencement precedes age 65.

Late Retirement

- Eligibility — Retired after Normal Retirement Date.
- Amount — The Accrued Benefit determined using service to the actual retirement date, payable immediately. The plan provides for suspension of benefits if employees work past Normal Retirement Date.

SCHEDULE SB ATTACHMENTS

Disability Retirement Benefit

■ Eligibility	An Employee who becomes totally and permanently disabled after attaining age 45 and has completed 15 years of Continuous Service, or has completed at least 18 years of Continuous Service.
■ Amount	Effective October 1, 2006, the monthly disability benefit is $375 payable until the earlier of death, cessation of disability or Normal Retirement Date. Effective October 21, 2011, the monthly disability benefit is $400 per month. Upon reaching Normal Retirement Date, the employee will receive a retirement benefit based on his Accrued Benefit immediately prior to becoming disabled. Effective January 1, 2014, employees who become disabled are no longer eligible for this benefit.

Surviving Spouse Benefit – Active Participants with at Least 10 Years of Continuous Service

■ Eligibility	An active employee who is married and has attained age 55 and has at least 10 years of Continuous Service.
■ Amount	If the spouse is at least age 62 and is entitled to a Social Security benefit, the monthly survivor benefit is 37.5% of the monthly accrued benefit without reduction for early retirement. Otherwise, the spouse is entitled to 75% of the monthly accrued benefit that the participant would have received at age 65.
■ Benefit Commencement	First of the month coincident with or next following the death of employee.

SCHEDULE SB ATTACHMENTS

Surviving Spouse Benefit – Active Participants with less than 10 years of Continuous Service

- Eligibility: All other active participants who are married and have at least 5 years of Continuous Service.
- Amount: 100% of the benefit the employee would have received if he had terminated and survived to the earliest retirement date and elected the Joint and 100% Survivor annuity option.
- Benefit Commencement: The earliest retirement date that the participant would have been eligible to commence benefits.

Special Surviving Spouse Benefit – Terminated Vested Participants

- Eligibility: The surviving spouse of a terminated vested participant who terminated after age 55 with 5 years of continuous service is entitled to a benefit.
- Amount: 50% of the benefit the employee would have received under the Joint and 50% Survivor annuity option.
- Benefit Commencement: The survivor benefit commences on the first of the month coincident with or next following the death of the employee.

Surviving Spouse Benefit – Terminated Vested Participants who terminated before age 55

- Eligibility: The surviving spouse of terminated vested participants who terminated before age 55.
- Amount: 100% of the benefit the employee would have received if he had survived to the earliest retirement date and elected the Joint and 100% Survivor annuity option.

SCHEDULE SB ATTACHMENTS

■ Benefit Commencement	The earliest retirement date that the participant would have been eligible to collect benefits.

Special Surviving Spouse Benefit – Retired Participants

■ Eligibility	A married participant who retired after attaining age 55 with at least 10 years of Continuous Service, and dies prior to age 65.
■ Amount	If the spouse is at least age 62 and is entitled to a Social Security benefit, the monthly survivor benefit is 37.5% of the monthly benefit the participant was receiving. Otherwise, the spouse is entitled to 75% of the monthly benefit the participant was receiving.
■ Benefit Commencement	First of the month coincident with or next following the death of employee.

2013 Lump Sum Window	Terminated vested participants as of June 30, 2013 were eligible to elect, during a window starting October 7, 2013 and ending November 15, 2013, to receive a lump sum of their benefit, payable as of December 1, 2013. The window did not include participants who were already eligible to elect a small amount lump sum, and participants who had QDRO's or who were past their Required Minimum Distribution Date as of December 1, 2013.
2017 Lump Sum Window	Terminated vested participants as of June 30, 2017 are eligible to elect, during a window starting September 29, 2017 and ending November 10, 2017, to receive a lump sum of their benefit, payable as of December 1, 2017. The window does not include participants who are already eligible to elect a small amount lump sum, and participants who have QDRO's or who are past their Required Minimum Distribution Date as of December 1, 2017.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

- Normal Form of Payment
  - (i) Unmarried Participant: Life Annuity
  - (ii) Married Participant: Actuarially reduced 50% Joint & Survivor Annuity
- Optional Forms
  - (iii) 50% Joint & Survivor Annuity
  - (iv) 75% Joint & Survivor Annuity
  - (v) 100% Joint & Survivor Annuity
  - (vi) 10-Year Certain and Life Annuity
  - (vii) Social Security Level Income Option
  - (viii) Life Annuity (for married participants)

Actuarial equivalence basis for optional forms of payment is the Unisex Pension 1984 Mortality Table and 6.00% interest rate. For forms of payment subject to Section 417(e), the basis is no less than that provided by the IRS prescribed Applicable Mortality Table and the 417(e) Applicable Interest Rates with an annual stability period and a two-month lookback. As of January 1, 2016, a 5-month lookback is used.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2020
Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	1	2	1	0	0	0	0	0	0	4
45-49	0	1	4	8	8	0	0	0	0	0	21
50-54	0	0	1	7	2	4	0	0	0	0	14
55-59	0	0	3	4	3	2	0	0	0	0	12
60-64	0	0	0	0	2	3	0	5	0	4	14
65-69	0	0	0	0	1	0	0	2	0	1	4
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	11	20	16	9	0	7	0	5	73

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
EIN / PN: 13-5665861/002
Plan Sponsor: Lonza LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Lonza LLC
EIN/PN	13-5665861/002
Plan Name	Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
Valuation Date	January 1, 2020
Enrolled Actuary	Liana Petruso
Enrollment Number	20-07060

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
EIN / PN:	13-5665861/002
Plan Sponsor:	Lonza LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date

Adopted August 9, 1966; last restated effective January 1, 2017. The most recent plan amendment reflected in the plan provisions was adopted November 21, 2013.

Eligibility for participation

All regular, full-time employees of the Company who are represented by the collective bargaining unit of the United Steelworkers of America (Local 4907) are eligible to participate at commencement of employment. New hires after December 31, 2009 are no longer eligible to participate.

Definitions

Continuous Service

Number of years and completed months of continuous employment

Monthly Accrued Benefit

The monthly benefit is equal to the years and months of Continuous Service times a benefit multiplier as follows:

Effective Date	Benefit Multiplier
October 1, 2005	$37.00
October 1, 2006	$38.00
October 1, 2007	$39.00
October 1, 2008	$40.00

Service is frozen as of December 31, 2009 for active employees who will not attain age 50 on or before June 30, 2010.

Benefits Paid Upon the Following Events

Normal retirement

- Eligibility — Age 65 and 5 years of Continuous Service.
- Amount — The Accrued Benefit payable immediately.

SCHEDULE SB ATTACHMENTS

Early retirement

■ Eligibility	Age 55 and 5 years of Continuous Service.
■ Amount	The Accrued Benefit reduced by 0.5% for each month prior to Normal Retirement Date. However, for employees who retire from active service on or after attaining age 62 and prior to age 65, the Accrued Benefit is not reduced for early retirement.

Supplemental Benefit

■ Eligibility	Employees who retire from active service after attainment of age 62 with 5 years of Continuous Service. Effective January 1, 2015, future retirees are no longer eligible for this benefit.
■ Amount	A monthly benefit of $300 payable until the employee attains age 65 or date of death, if earlier. Effective October 21, 2010, new retirees will receive $325 per month.

Termination

■ Eligibility	Termination with 5 years of Continuous Service. As of December 31, 2010, all accrued benefits are fully vested.
■ Amount	The Accrued Benefit
■ Benefit Commencement	Payable at Normal Retirement Date or as early as age 55 with a reduced benefit. The reduction is 0.5% per month that commencement precedes age 65.

Late Retirement

■ Eligibility	Retired after Normal Retirement Date.
■ Amount	The Accrued Benefit determined using service to the actual retirement date, payable immediately. The plan provides for suspension of benefits if employees work past Normal Retirement Date.

Plan Name:	Pension Plan for Employees of Lonza LLC Represented by the United Steelworkers of America (Local 4907)
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SCHEDULE SB ATTACHMENTS

Disability Retirement Benefit

■ Eligibility	An Employee who becomes totally and permanently disabled after attaining age 45 and has completed 15 years of Continuous Service, or has completed at least 18 years of Continuous Service.
■ Amount	Effective October 1, 2006, the monthly disability benefit is $375 payable until the earlier of death, cessation of disability or Normal Retirement Date. Effective October 21, 2011, the monthly disability benefit is $400 per month. Upon reaching Normal Retirement Date, the employee will receive a retirement benefit based on his Accrued Benefit immediately prior to becoming disabled. Effective January 1, 2014, employees who become disabled are no longer eligible for this benefit.

Surviving Spouse Benefit – Active Participants with at Least 10 Years of Continuous Service

■ Eligibility	An active employee who is married and has attained age 55 and has at least 10 years of Continuous Service.
■ Amount	If the spouse is at least age 62 and is entitled to a Social Security benefit, the monthly survivor benefit is 37.5% of the monthly accrued benefit without reduction for early retirement. Otherwise, the spouse is entitled to 75% of the monthly accrued benefit that the participant would have received at age 65.
■ Benefit Commencement	First of the month coincident with or next following the death of employee.

SCHEDULE SB ATTACHMENTS

Surviving Spouse Benefit – Active Participants with less than 10 years of Continuous Service

- Eligibility: All other active participants who are married and have at least 5 years of Continuous Service.
- Amount: 100% of the benefit the employee would have received if he had terminated and survived to the earliest retirement date and elected the Joint and 100% Survivor annuity option.
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Special Surviving Spouse Benefit – Terminated Vested Participants

- Eligibility: The surviving spouse of a terminated vested participant who terminated after age 55 with 5 years of continuous service is entitled to a benefit.
- Amount: 50% of the benefit the employee would have received under the Joint and 50% Survivor annuity option.
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Surviving Spouse Benefit – Terminated Vested Participants who terminated before age 55

- Eligibility: The surviving spouse of terminated vested participants who terminated before age 55.
- Amount: 100% of the benefit the employee would have received if he had survived to the earliest retirement date and elected the Joint and 100% Survivor annuity option.

SCHEDULE SB ATTACHMENTS

■ Benefit Commencement	The earliest retirement date that the participant would have been eligible to collect benefits.

Special Surviving Spouse Benefit – Retired Participants

■ Eligibility	A married participant who retired after attaining age 55 with at least 10 years of Continuous Service, and dies prior to age 65.
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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

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Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.