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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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. . . . . ▶ [ ]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/2019

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)
CHEMTRADE LOGISTICS

90 EAST HALSEY ROAD
PARSIPPANY, NJ 07054

2b Employer Identification Number (EIN) 22-2689817

2c Plan Sponsor's telephone number 973-515-0900

2d Business code (see instructions) 325900

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.	10/12/2022	BRAMORA REBELLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	BRAMORA REBELLO
	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**	686
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)**	49
a(2) Total number of active participants at the end of the plan year	**6a(2)**	47
b Retired or separated participants receiving benefits	**6b**	358
c Other retired or separated participants entitled to future benefits	**6c**	90
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	495
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	178
f Total. Add lines **6d** and **6e**	**6f**	673
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:

1A 3H 1I

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CHEMTRADE LOGISTICS

D Employer Identification Number (EIN)
22-2689817

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
41-0417830	66168	16405	673	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1255968

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHEMTRADE LOGISTICS

D Employer Identification Number (EIN)
22-2689817

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 2021

2 Assets:

a Market value	**2a**	76225547
b Actuarial value	**2b**	70388747

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	534	58842080	58842080
b For terminated vested participants	101	4032007	4032007
c For active participants	49	2929189	3102353
d Total	684	65803276	65976440

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**	5.46 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	660000
c Total (line 6a + line 6b)	**6c**	660000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/12/2022
Date

RODOLFO E. GARCIA
Type or print name of actuary

20-07300
Most recent enrollment number

AON CONSULTING INC
Firm name

973-463-6203
Telephone number (including area code)

MSC# 17457, AON, PO BOX 6718
SOMERSET, NJ 08875

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	80661
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	80661
10	Interest on line 9 using prior year's actual return of 13.05 %	0	10526
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		537638
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 5.60 %		30108
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		567746
d	Portion of (c) to be added to prefunding balance		567746
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	658933

Part III Funding Percentages

14	Funding target attainment percentage	14	105.68 %
15	Adjusted funding target attainment percentage	15	105.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.28 %
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
04/14/2021	251000	0			
			Totals ► 18(b)	251000	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	247263

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:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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 6c)	**31a**	660000
b Excess assets, if applicable, but not greater than line 31a	**31b**	660000

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

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**	247263
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	247263
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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶	
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN		010
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CHEMTRADE LOGISTICS	22-2689817	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY CLIENT	106900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MINNESOTA LIFE INSURANCE COMPANY

41-0417830

(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 13 15 28 38	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHEMTRADE LOGISTICS

D Employer Identification Number (EIN)
22-2689817

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: GENTEK INC D/B MASTER TRUST

b Name of sponsor of entity listed in (a): CHEMTRADE CHEMICALS CORPORATION

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)
02-0505547-050	M	74931218

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TREASURY MM INVESTOR

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-900	P	1255968

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CHEMTRADE LOGISTICS

D Employer Identification Number (EIN)
22-2689817

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)	568000	0
(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)	75657801	74931218
(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	76225801	74931218
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	76225801	74931218

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)	251000	
	(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)		251000
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)		4991692
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5242692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5926223	
(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)		5926223
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)	41970	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	569082	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		611052
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6537275
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1294583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 440120.

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CHEMTRADE LOGISTICS

D Employer Identification Number (EIN)
22-2689817

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): 41-0417830

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 _____

CHEMTRADE CHEMICALS CORPORATION
CONSOLIDATED PENSION PLAN
(PLAN NO. 10)

FINANCIAL STATEMENTS

December 31, 2021 and 2020

CHEMTRADE CHEMICALS CORPORATION
CONSOLIDATED PENSION PLAN (PLAN NO. 10)

FINANCIAL STATEMENTS
December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

Retirement Plan Committee
Chemtrade Chemicals Corporation
Consolidated Pension Plan (Plan No. 10)
Toronto, Ontario

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Chemtrade Chemicals Corporation Consolidated Pension Plan (Plan No. 10) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements including the accumulated plan benefits as of and for the year ended December 31, 2020 (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

(Continued)

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Chemtrade Chemicals Corporation Consolidated Pension Plan (Plan No.10). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Crowe LLP

New York, New York
October 7, 2022

CHEMTRADE CHEMICALS CORPORATION
CONSOLIDATED PENSION PLAN (PLAN NO. 10)
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments at fair value:		
Plan interest in the Chemtrade Delaware Inc. Defined Benefit Master Trust (Notes 6 and 7)	$ 74,931,218	$ 75,657,801
Receivables		
Employer contributions	-	568,000
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 74,931,218	$ 76,225,801

See accompanying notes to financial statements.

CHEMTRADE CHEMICALS CORPORATION
CONSOLIDATED PENSION PLAN (PLAN NO. 10)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Years ended December 31, 2021 and 2020

	2021	2020
Investment gain from Chemtrade Delaware Inc. Defined Benefit Master Trust (Notes 6 and 7)	$ 5,034,516	$ 9,113,889
Employer contributions	251,000	568,000
Benefit payments to participants	(5,926,223)	(5,925,793)
Administrative expenses	(653,876)	(661,751)
Net (decrease) increase	(1,294,583)	3,094,345
Net assets available for plan benefits:		
Beginning of year	76,225,801	73,131,456
End of year	$ 74,931,218	$ 76,225,801

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Chemtrade Chemicals Corporation Consolidated Pension Plan (Plan No. 10) (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan sponsored by Chemtrade Chemicals Corporation (the "Company"). The Administrative Committee of the Plan and the Plan administrator control and manage the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility: All employees of the Company who are employed at its Curtis Bay Plant and who are covered by a collective bargaining agreement between the Company and the United Steelworkers of America Local No. 12138 are eligible to participate in the Plan.

On January 1, 2019, the Chemtrade Chemicals Corporation Hourly Employees' Pension Plan (the "Legacy Hourly Plan") was merged into the Peridot Chemicals (New Jersey), Inc. Curtis Bay Union Employees Pension Plan (the "Legacy CBP Plan"); and the surviving merged plan was renamed the Chemtrade Chemicals Corporation Consolidated Pension Plan. As the result of the merger, effective January 1, 2019, all eligible participants of the Legacy Hourly Plan are now participants in the Plan.

For participants of the Legacy Hourly Plan, eligibility was closed for all non-union employees and new hires for certain union groups as of April 1, 2004. In addition, the future benefit accruals were ceased for all non-union employees as of April 1, 2004 and employees who were at any time prior to the amendment date represented by certain union groups starting September 1, 2006. The Plan Sponsor subsequently amended to close the entrance and freeze the benefit accrued for certain union employees. The Plan is frozen to all participants as of November 15, 2010, the effective date of the amendment for the last location with union employees.

Pension Benefits: For participants of the Legacy CBP Plan, their benefits are calculated with a flat dollar amount and are subject to a seven-year graded vesting schedule, as defined by the Plan.

For participants of the Legacy Hourly Plan, their benefits are subject to a five-year vesting schedule, as defined by the Plan. There is no partial vesting of benefits. In addition, their benefits are either determined based upon a final pay formula or with a flat dollar amount, as amended.

Generally, the final pay formula is calculated as a percentage of earnings multiplied by years of credited service with certain adjustments, as provided in the Plan. The flat dollar formula is calculated using the flat dollar amount, as amended, multiplied by years of credited service. Married participants may elect to receive their pension benefits from various forms of joint and survivor annuities. Unmarried participants may elect to receive the value of their benefits in the form of a life annuity.

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, death and disability benefits.

Master Trust: The assets of the Plan are held in a trust account, Chemtrade Delaware Inc. Defined Benefit Master Trust ("Master Trust").

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's interest in the Master Trust is reported at fair value based upon the fair values of the underlying investments held in the Master Trust. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded when earned on an accrual basis. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 significant estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimate of the actuarial present value of accumulated plan benefits and the fair values of the Plan's interest in the Master Trust.

Risks and Uncertainties: The Plan invests in the Master Trust which invests in various investments. The underlying investments are exposed to various risks, such as interest rate, market, liquidity, credit risks as well as risk associated with the ongoing Coronavirus pandemic and international conflicts. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits.

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 this estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could also be material to the Plan's financial statements.

Administrative Expenses: The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

Benefit Payments: Benefits are recorded when paid.

NOTE 3 – FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. This method and the actuarial assumptions referred to in Note 4 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Company met the minimum funding requirements of ERISA for the plan years ended December 31, 2021 and 2020. No participant contributions are allowed under Plan provisions.

(Continued)

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the employees through the valuation date. Accumulated plan benefits as of December 31, 2020, include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions underlying the computations for the Plan as of December 31, 2020, are as follows:

Assumed settlement interest rate	2.37%
Mortality basis	
Healthy & Disabled	Pri-2012 mortality study projected generationally from 2012 with scale MP2021 reflecting a slow COVID-19 recovery
Retirement	Specified percentages commencing at age 50 through age 70

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

The actuary performed a valuation as of December 31, 2020. The accumulated plan benefit information as of this valuation date is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 74,486,397
Other participants	11,378,395
Total vested benefits	85,864,792
Nonvested benefits	353,004
Total actuarial present value of accumulated plan benefits	$ 86,217,796

(Continued)

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2020, consist of the following:

Actuarial present value of accumulated plan benefits as of December 31, 2019	$ 83,986,577
Increase (decrease) attributed to:	
Benefits paid	(5,925,793)
Interest accumulations	2,552,970
Assumption changes	6,407,031
Benefits accumulated and gains/losses	(802,989)
Net increase	2,231,219
Actuarial present value of accumulated plan benefits as of December 31, 2020	$ 86,217,796

Assumption changes for the year ended December 31, 2020, consist of a change in the assumed settlement interest rate from 3.15% to 2.37%, and a change in the mortality tables from the Pri-2012 Mortality Table projected generationally from 2012 based on scale MP-2020 to the Pri-2012 Mortality Table projected generationally from 2012 based on scale MP-2021 reflecting a slow COVID-19 recovery.

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2021, has not yet been completed.

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

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

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

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

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

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

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan's interest in the Master Trust.

Mutual Funds and Common Stock: The fair values of mutual funds and common stock are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of shares of the collective trusts are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. The net asset value is used as a practical expedient to estimate fair value.

Limited Partnerships: The fair value of the Master Trust's interest in each limited partnership is based on the Master Trust's proportionate interest in net asset value of the partnership as reported in the audited financial statements of the partnership as of the Plan's financial statement date. The net asset value is used as a practical expedient to estimate fair value. The inputs used by the general partners in estimating the fair values of the investments held by the limited partnerships include the original transaction prices, recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investments or comparable issuers, subsequent rounds of financing, recapitalizations and other transactions across the capital structure, offerings in the equity or debt capital markets, and changes in financial ratios or cash flows. These investments may also be adjusted to reflect illiquidity and/or non-transferability, with the amount of such discounts estimated by the general partners in the absence of market information. Due to the lack of observable inputs, the determination of the fair value by the general partners may differ materially from the value ultimately realized by the partnership. These investments can never be redeemed; instead, the nature of these investments is that distributions are received through the liquidation of the underlying assets.

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

See Note 7 for investments of the Master Trust measured at fair value on a recurring basis.

NOTE 6 – CERTIFIED INVESTMENTS

The Bank of New York Mellon / BNY Mellon, N.A., the trustee ("Trustee") of the Plan, holds investment assets of the Plan and executes transactions therein, and substantially all information pertaining to investments of the Plan's interest in the Master Trust (Note 7) included in the financial statements has been certified by them. This certified information has not been audited by independent accountants.

(Continued)

NOTE 7 – INTEREST IN MASTER TRUST - UNAUDITED

The Plan's investment assets are held in a trust and consist of an undivided interest in the Master Trust established by the Company and its affiliates and are administered by the Trustee. Use of the Master Trust permits the commingling of trust assets of a number of pension plans of the Company and its affiliates for investment and administrative purposes. Although assets of the plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses. At December 31, 2021 and 2020, the Plan's interest in the net assets of the Master Trust was approximately 48 percent. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The following presents the net assets held by the Master Trust and the Plan's interest in the Master Trust at December 31, 2021 and 2020:

	2021		2020	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments, at fair value:				
Mutual Funds	$ 2,699,485	$ 1,292,213	$ 2,323,373	$ 1,119,932
Common Stock	-	-	91,180	43,951
Collective trusts	153,831,357	73,637,339	154,538,652	74,492,014
Limited partnership interests	3,447	1,650	3,949	1,904
Total Investments of Chemtrade Delaware Inc. Defined Benefit Master Trust	156,534,289	74,931,202	156,957,154	75,657,801
Accrued interest and dividends	34	16	-	-
Total net assets	$ 156,534,323	$ 74,931,218	$ 156,957,154	$ 75,657,801

(Continued)

NOTE 7 – INTEREST IN MASTER TRUST – UNAUDITED (Continued)

The following presents changes in net assets of the Master Trust for the years ended December 31, 2021 and 2020:

	2021	2020
Net appreciation in fair value of investments	$ 10,699,098	$ 18,923,891
Dividends and interest	(1,091)	14,367
Net investment income	10,698,007	18,938,258
Transfer in	3,018,631	2,683,795
Total additions	13,716,638	21,622,053
Transfer out	(13,959,996)	(14,381,777)
Administrative expenses	(179,473)	(94,387)
Total deductions	(14,139,469)	(14,476,164)
Net (decrease) increase	(422,831)	7,145,889
Net assets:		
Beginning of year	156,957,154	149,811,265
End of year	$ 156,534,323	$ 156,957,154

Assets and liabilities of the Master Trust that are measured at fair value on a recurring basis are summarized below for the 2021 and 2020 plan years:

	Fair Value Measurements at December 31, 2021 Using			
	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds	$ 2,699,485	$ -	$ -	$ 2,699,485
Collective trusts*	-	-	-	153,831,357
Limited partnership interests*	-	-	-	3,447
Total	$ 2,699,485	$ -	$ -	$ 156,534,289

(Continued)

NOTE 7 – INTEREST IN MASTER TRUST – UNAUDITED (Continued)

	Fair Value Measurements at December 31, 2020 Using			
	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds	$ 2,323,373	$ -	$ -	$ 2,323,373
Common Stock	91,180	-	-	91,180
Collective trusts*	-	-	-	154,538,652
Limited partnership interests*	-	-	-	3,949
Total	$ 2,414,553	$ -	$ -	$ 156,957,154

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value noted in the table in Note 7.

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020. There are no redemption restrictions for these investments; the redemption notice period is applicable only to the Master Trust.

(Continued)

NOTE 7 – INTEREST IN MASTER TRUST – UNAUDITED (Continued)

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective Trusts:				
Aon Hewitt Group Trust - Large Cap Equity Fund	$ 5,092,912	$ -	Daily	15 days
Aon Hewitt Group Trust - Small & Mid Cap Equity Fund	2,886,497	-	Daily	15 days
Aon Hewitt Group Trust - Large Cap Equity Index Fund	7,173,473	-	Daily	15 days
Aon Hewitt Group Trust - Non-U.S. Equity Index Fund	4,849,013	-	Daily	15 days
Aon Hewitt Group Trust - Non-U.S. Equity Fund	9,150,863	-	Daily	15 days
Aon Hewitt Group Trust - Global Equity Fund	10,055,547	-	Daily	15 days
Aon Hewitt Group Trust - Long Credit Bond Fund	59,748,444	-	Daily	15 days
Aon Hewitt Group Trust - Mid Duration Long Credit Bond Fund	42,690	-	Daily	15 days
Aon Hewitt Group Trust - Global Real Estate Fund	68,731	-	Daily	15 days
Aon Hewitt Group Trust - U.S. Long Government Bond Fund	364,212	-	Daily	15 days
Aon Hewitt Group Trust - U.S. Intermediate Government Bond Fund	31,615,665	-	Daily	15 days
Aon Hewitt Group Trust - High Yield Plus	84,074	-	Daily	15 days
Aon Hewitt Group Trust - Intermediate Credit Bond Fund	2,007,100	-	Daily	15 days
Aon Hewitt Group Trust - Core Real Estate	7,743,409	-	Quarterly	90 days
Aon Hewitt Group Trust - Multi-Asset Credit Fund	10,265,010	-	Daily	10 days
BNY Mellon - EB Temporary Investment Fund	2,683,717	-	Daily	None
	$ 153,831,357	-		
Limited Partnerships:				
Ampersand 2001 Limited Partnership	$ 3,447	-	N/A	N/A
	$ 3,447			

(Continued)

NOTE 7 – INTEREST IN MASTER TRUST – UNAUDITED (Continued)

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective Trusts:				
Aon Hewitt Group Trust - Large Cap Equity Fund	$ 7,404,332	$ -	Daily	15 days
Aon Hewitt Group Trust - Small & Mid Cap Equity Fund	4,373,312	-	Daily	15 days
Aon Hewitt Group Trust - Large Cap Equity Index Fund	10,425,932	-	Daily	15 days
Aon Hewitt Group Trust - Non-U.S. Equity Index Fund	7,769,345	-	Daily	15 days
Aon Hewitt Group Trust - Non-U.S. Equity Fund	14,429,518	-	Daily	15 days
Aon Hewitt Group Trust - Global Equity Fund	15,243,800	-	Daily	15 days
Aon Hewitt Group Trust - Multi-Asset Credit Fund	14,210,833	-	Daily	15 days
Aon Hewitt Group Trust - Long Credit Bond Fund	40,772,690	-	Daily	15 days
Aon Hewitt Group Trust - Mid Duration Long Credit Bond Fund	3,161,037	-	Daily	15 days
Aon Hewitt Group Trust - Global Real Estate Fund	418,570	-	Daily	15 days
Aon Hewitt Group Trust - U.S. Long Government Bond Fund	3,622,192	-	Daily	15 days
Aon Hewitt Group Trust - U.S. Intermediate Government Bond Fund	21,336,066	-	Daily	15 days
Aon Hewitt Group Trust - High Yield Plus	1,627,684	-	Daily	15 days
Aon Hewitt Group Trust - Core Real Estate	7,199,562	-	Quarterly	105 days
Aon Hewitt Group Trust - Intermediate Cr	174,784	-	Daily	15 days
BNY Mellon - EB Temporary Investment Fund	2,368,995	-	Daily	None
	$ 154,538,652	-		
Limited Partnerships:				
Ampersand 2001 Limited Partnership	$ 3,949	-	N/A	N/A
	$ 3,949			

(Continued)

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. At December 31, 2021 and 2020, certain investments in the Master Trust were held in investment funds which were managed by certain affiliates of the independent actuary and the Trustee of the Plan, respectively, and, therefore, qualify as party-in-interest transactions. The majority of fees paid for by the Plan are considered party-in-interest transactions.

NOTE 9 – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 2, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date. No provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE 10 – PLAN TERMINATION

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

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

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

(Continued)

NOTE 11 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition or disclosure through October 7, 2022, which is the date that the Plan's financial statements were available to be issued and concluded, that no additional disclosures were required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.46%	Interest Adjusted Contribution
April 14, 2021	$ 251,000	103	$ 247,263

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
50	10.00%	0.26	12.91
51	10.00%	0.30	15.28
52	10.00%	0.57	29.51
53	10.00%	0.66	34.72
54	10.00%	0.82	44.41
55	2.00%	0.22	12.22
56	2.00%	0.28	15.48
57	2.00%	0.37	21.02
58	2.00%	0.42	24.27
59	2.00%	0.47	27.52
60	5.00%	1.18	70.86
61	10.00%	2.32	141.40
62	25.00%	5.40	334.53
63	25.00%	4.23	266.26
64	25.00%	3.86	246.96
65	75.00%	9.25	601.11
66	25.00%	1.51	99.44
67	25.00%	1.62	108.50
68	25.00%	1.45	98.72
69	25.00%	1.08	74.25
70	100.00%	3.19	223.06
71	100.00%	1.00	71.00
	Total	40.42	2573.45
	Weighted Average		63.66

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 23—Information on Use of Multiple Sets of Mortality Tables

The 2021 Static Mortality Table for Annuitants and Non-Annuitants per§1.430(h)(3)-1(e) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are seven disabled lives in this population.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on asset changed from 6.50% to 5.25% to better reflect anticipated future market experience and current asset allocation.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants

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

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Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%
Optional Payment Form Election Percentage	40% life annuity 25% joint and 50% survivor annuity 10% joint and 75% survivor annuity 25% joint and 100% survivor annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	SOA 1983 Group Annuity Mortality
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse. Male employees are three years older than their spouses. Female employees are two years younger than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $230,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.50%, limited to 6.27%
2021 Plan Year	5.25%, limited to 6.11%
Trust Expenses Included in Target Normal Cost	$660,000 Based on the prior year actual plan administrative expenses (excluding PBGC premiums) further adjusted for expected expense, plus the estimated PBGC premiums for the current year, rounded to the nearest $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Table 1

Retirement Rates

Age	Rate
50	10.00%
51	10.00%
52	10.00%
53	10.00%
54	10.00%
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	75.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
15	25.00%	15.60%	15.60%	15.60%
16	25.00%	15.60%	15.60%	15.60%
17	25.00%	15.60%	15.60%	15.60%
18	25.00%	15.60%	15.60%	15.60%
19	25.00%	15.60%	15.60%	15.60%
20	25.00%	15.60%	15.60%	15.60%
21	25.00%	15.60%	15.60%	15.60%
22	25.00%	15.60%	15.60%	15.60%
23	25.00%	15.60%	15.60%	15.60%
24	25.00%	15.60%	15.60%	15.60%
25	25.00%	15.60%	15.60%	15.60%
26	25.00%	15.00%	13.50%	13.50%
27	25.00%	15.00%	12.00%	11.40%
28	25.00%	15.00%	12.00%	10.80%
29	25.00%	15.00%	12.00%	10.20%
30	25.00%	15.00%	12.00%	9.60%
31	25.00%	15.00%	12.00%	9.00%
32	25.00%	15.00%	12.00%	8.40%
33	25.00%	15.00%	12.00%	8.10%
34	25.00%	15.00%	12.00%	7.80%
35	25.00%	15.00%	12.00%	7.50%
36	25.00%	15.00%	12.00%	7.40%
37	25.00%	15.00%	12.00%	7.30%
38	25.00%	15.00%	12.00%	7.10%
39	25.00%	15.00%	12.00%	7.00%
40	25.00%	15.00%	12.00%	6.90%
41	25.00%	15.00%	12.00%	6.80%
42	25.00%	15.00%	12.00%	6.60%
43	25.00%	15.00%	12.00%	6.50%
44	25.00%	15.00%	12.00%	6.40%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
45	25.00%	15.00%	12.00%	6.30%
46	25.00%	15.00%	12.00%	6.10%
47	25.00%	15.00%	12.00%	6.00%
48	25.00%	15.00%	12.00%	5.90%
49	25.00%	15.00%	12.00%	5.80%
50	25.00%	15.00%	12.00%	5.60%
51	25.00%	15.00%	12.00%	5.50%
52	25.00%	15.00%	12.00%	5.40%
53	25.00%	15.00%	12.00%	5.30%
54	25.00%	15.00%	12.00%	5.10%
55	25.00%	15.00%	12.00%	5.00%
56+	25.00%	15.00%	12.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
15	25.00%	21.10%	21.10%	21.10%
16	25.00%	21.10%	21.10%	21.10%
17	25.00%	21.10%	21.10%	21.10%
18	25.00%	21.10%	21.10%	21.10%
19	25.00%	21.10%	21.10%	21.10%
20	25.00%	21.10%	21.10%	21.10%
21	25.00%	21.10%	21.10%	21.10%
22	25.00%	21.10%	21.10%	21.10%
23	25.00%	21.10%	21.10%	21.10%
24	25.00%	21.10%	21.10%	21.10%
25	25.00%	21.10%	21.10%	21.10%
26	25.00%	18.00%	18.00%	18.00%
27	25.00%	15.00%	14.90%	14.90%
28	25.00%	15.00%	14.40%	14.40%
29	25.00%	15.00%	14.00%	14.00%
30	25.00%	15.00%	13.50%	13.50%
31	25.00%	15.00%	13.10%	13.10%
32	25.00%	15.00%	12.50%	12.50%
33	25.00%	15.00%	12.00%	12.00%
34	25.00%	15.00%	12.00%	11.60%
35	25.00%	15.00%	12.00%	11.10%
36	25.00%	15.00%	12.00%	10.80%
37	25.00%	15.00%	12.00%	10.50%
38	25.00%	15.00%	12.00%	10.20%
39	25.00%	15.00%	12.00%	9.90%
40	25.00%	15.00%	12.00%	9.60%
41	25.00%	15.00%	12.00%	9.30%
42	25.00%	15.00%	12.00%	9.00%
43	25.00%	15.00%	12.00%	8.70%
44	25.00%	15.00%	12.00%	8.40%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
45	25.00%	15.00%	12.00%	8.10%
46	25.00%	15.00%	12.00%	7.70%
47	25.00%	15.00%	12.00%	7.40%
48	25.00%	15.00%	12.00%	7.10%
49	25.00%	15.00%	12.00%	6.80%
50	25.00%	15.00%	12.00%	6.50%
51	25.00%	15.00%	12.00%	6.20%
52	25.00%	15.00%	12.00%	5.90%
53	25.00%	15.00%	12.00%	5.60%
54	25.00%	15.00%	12.00%	5.30%
55	25.00%	15.00%	12.00%	5.00%
56+	25.00%	15.00%	12.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0189%	0.0189%	45	0.1008%	0.1512%
16	0.0189%	0.0189%	46	0.1134%	0.1701%
17	0.0189%	0.0189%	47	0.1323%	0.1890%
18	0.0189%	0.0189%	48	0.1575%	0.2079%
19	0.0189%	0.0189%	49	0.1764%	0.2268%
20	0.0189%	0.0189%	50	0.2079%	0.2520%
21	0.0189%	0.0189%	51	0.2457%	0.2772%
22	0.0189%	0.0189%	52	0.2898%	0.3087%
23	0.0189%	0.0189%	53	0.3339%	0.3402%
24	0.0189%	0.0189%	54	0.3843%	0.3717%
25	0.0189%	0.0189%	55	0.4347%	0.4032%
26	0.0189%	0.0189%	56	0.4851%	0.4347%
27	0.0189%	0.0189%	57	0.5418%	0.4662%
28	0.0189%	0.0252%	58	0.5985%	0.5040%
29	0.0189%	0.0252%	59	0.6615%	0.5355%
30	0.0189%	0.0252%	60	0.7245%	0.5670%
31	0.0189%	0.0315%	61	0.7938%	0.6048%
32	0.0189%	0.0315%	62	0.8694%	0.6363%
33	0.0189%	0.0378%	63	0.9513%	0.6615%
34	0.0189%	0.0378%	64	1.0332%	0.6867%
35	0.0252%	0.0441%	65+	0.0000%	0.0000%
36	0.0252%	0.0504%			
37	0.0315%	0.0567%			
38	0.0378%	0.0630%			
39	0.0441%	0.0756%			
40	0.0504%	0.0819%			
41	0.0567%	0.0945%			
42	0.0630%	0.1071%			
43	0.0756%	0.1197%			
44	0.0882%	0.1386%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, Part V—Summary of Plan Provisions

Previoulsy Chemtrade Chemicals Corporation Hourly Employees' Pension Plan

Effective Date	January 1, 1989.
Eligibility	All hourly paid employees covered by a collective bargaining agreement with the company or employed in a group designated by the company as eligible to participate in the plan. Eligibility for the plan was closed for non-union new hires on or after April 1, 2004, and as of the amendment date for certain union groups.
Normal Retirement	
Eligibility	Age 65.
Benefit	The normal retirement monthly benefit for most locations is the greater of (1) and (2) below: 1. 1.2% of three-year average monthly pay times credited service; five-year average applies to grandfathered service for various locations. 2. The minimum benefit rate times credited service where the rate is determined in the most recent agreement with respect to the employee's location. See Chart A for a list of minimum rates by location. The normal retirement monthly benefit for the Denver location is the sum of (3) and (4) below: 3. The monthly normal retirement benefit in (1) and (2) above, using credited service and average monthly pay on the amendment date; 4. The flat dollar pension amount times by flat dollar service. The normal retirement monthly benefit for participants hired after the flat dollar amendment date for locations with a flat dollar amendment date, except Denver, is (5) below: 5. The flat dollar pension amount times by credited service. See Chart A for a list of amounts by location.

Supplemental Benefit	
Eligibility	Generally retirement from active service. Eligibility varies by location.
Benefit	An additional monthly benefit dependent upon the employee's location. See Chart A for specifics.
Early Retirement	
Eligibility	Age 55 with 10 years of service or 80 age-plus-service points.
Benefit	The monthly early retirement benefit is calculated as the normal retirement benefit, reduced by ¼ of 1% for each month that early retirement precedes age 65. The early retirement benefit is unreduced if the participant either is 62 years old or has 80 age plus service points at the time of retirement.
Termination Benefit	
Eligibility	Termination after completing five years of service and before attaining eligibility for normal retirement or early retirement.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at age 65 reduced by 0.3% for each year by which termination precedes retirement to pay for the cost of providing the preretirement survivor annuity. If the preretirement survivor annuity is waived, this reduction will not be applied. A reduced benefit may commence any time after the participant has attained age 55. The benefit is reduced by ½ of 1% for each month that benefit commencement precedes age 65.
Disability Retirement	
Eligibility	Ten years of service and permanently incapacitated.
Benefit	The monthly disability benefit is the greater of the benefit calculated as the normal retirement benefit and a monthly amount dependent upon the employee's location. The benefit is payable immediately with no reductions. See Chart A for specifics on the minimum disability benefit.

Preretirement Surviving Spouse's Benefit	
Eligibility	If a participant dies after attaining age 65 or accruing five years of service, and before receiving retirement benefits, his spouse is eligible to receive a benefit from the plan.
Benefit	If an employee dies while actively employed, the spouse will receive an immediate benefit equal to 50% of the benefit the participant would have received at normal retirement had he terminated on the day of his death. The spouse of terminated employee who is eligible for a deferred pension who has not waived the preretirement survivor annuity and who has not begun to receive pension benefits will receive a benefit. Payment of benefits will begin immediately or when the terminated employee would have attained age 55, whichever is later and will be in the same amount as if the terminated employee had elected to begin receiving the automatic spouses pension on that date and then died immediately afterward.
Normal Form of Payment	
Single Participant	Life annuity.
Married Participant	Actuarially reduced joint and 50% survivor annuity.
Optional Forms of Payment	Reduced joint and 100% survivor annuity; Reduced joint and 75% survivor annuity; Reduced 10 year certain annuity; Social Security option.
Definitions	
Pay	Total compensation, excluding relocation reimbursements, educational assistance, death payments, commuting reimbursements, or patent awards, but including incentive compensation and tax deferred contributions.
Average Monthly Pay	The average monthly pay during the highest paid three or five years during the last 10 years of service. Average monthly pay was frozen on March 31, 2004, for non-union participants only, and as of the amendment date for certain locations listed on Chart A.
Service	The period during which a participant is employed by the company.

Amendment Date	Date upon which plan changes are effective. See Chart A for those dates, which vary by location.
Credited Service	Period of employment from date of hire until termination date. Credited service was frozen as of March 31, 2004, for nonunion participants only, and as of the amendment date for certain locations listed on Chart A.
Flat Dollar Pension Amount	A specified dollar amount. See below for those amounts, which vary by location.
Flat Dollar Service	Period of employment from the later of the location's amendment date and the date of hire until termination date. Flat dollar service was frozen as of March 31, 2004, for nonunion participants only.
Equivalent Actuarial Value	For optional payment forms, simplified factors as specified in Section 7.2 of the plan document.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Chart A

Name	Expense Group	Amendment Date	Monthly Benefit Rate	Ultimate Minimum Monthly Benefit	Ultimate Supplemental Disability Benefit	Minimum Monthly Pension Amount
Denver	AL007	05/01/2004	$25	$ 35[1]	$ 450	$37
Bay Point	AL008	01/13/2004	$30	$ 35[1]	$ 500	$35
East St. Louis	AL011	05/01/2009	$30	$ 35[2]	$ 500	$35
National (Cleveland)	AL014	None	$30	$ 34	$ 400	N/A
Middletown	AL021	07/01/2004	$35	$ 34[1]	$ 400	$37
Covington	AL023	None	$25	$ 35	$ 450	N/A
Ashdown	AL026	None	$25	$ 35	$ 450	N/A
Detroit	AL031	07/01/2006	$33	$ 35	$ 600	N/A
Menasha	AL033	12/01/2006	$30	$ 34	$ 400	N/A
Tampa	AL038	None	$25	$ 35	$ 450	N/A
Wisconsin Rapids	AL042	02/28/2005	$30	$ 34[1]	$ 400	$35
Tacoma	AL044	None	$25	$ 35	$ 450	N/A
Atlanta	AL048	None	$30	$ 34	$ 400	N/A
Vancouver	AL049	03/01/2010	$30	$ 34	$ 400	N/A
New Orleans	AL050	None	$28	$ 35	$ 475	N/A
Augusta	AL058	None	$25	$ 35	$ 450	N/A
Catawba	AL059	None	$25	$ 35	$ 450	N/A
Cedar Springs	AL060	None	$25	$ 35	$ 450	N/A
Springfield	AL061	None	$25	$ 35	$ 450	N/A
Port St. Joe	AL070	None	$25	$ 35	$ 450	N/A
Macon	AL081	None	$25	$ 35	$ 450	N/A
Jacksonville	AL082	None	$25	$ 35	$ 450	N/A
Savannah	AL084	None	$25	$ 35	$ 450	N/A
Pine Bluff	AL087	09/01/2006	$26	$ 35	$ 450	N/A
Hopewell	AL094	09/01/2007	$28	$ 45	$ 500	N/A
Bay Point	BP002	03/31/2007	$30	$ 35	$ 500	N/A
Delaware Valley South	DV045	None	$40	$ 50	$ 700	N/A
Delaware Valley North	MH045	None	$32	$ 45	$ 600	N/A
Hollister	HL009	07/01/2006	$26	$ 25	$ 0	N/A
Augusta	SU016	None	$25	$ 35	$ 450	N/A
Richmond	SU039	07/01/2006	$26	$ 28	$ 400	N/A
Anacortes	SU091	02/01/2010	$28	$ 35	$ 75	N/A
Syracuse	SY001	06/12/2004	$35	$352	$1,000	$37

[1] Applies to participants hired before the amendment date.
[2] Applies to participants that retire before the amendment date.

Previously Peridot Chemicals New Jersey Inc. Curtis Bay Union Employees' Pension Plan

Effective Date	January 1, 1983.
Participation	All employees of Peridot Chemicals (New Jersey), Inc.—Curtis Bay, on the first of the month following attainment of age 21 and upon completion of one year of eligibility service, are designated by the company as eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65 with five years of eligibility service.
Benefit	The monthly normal retirement benefit is credited service times $31.
Early Retirement	
Eligibility	Age 55 and 10 years of eligibility service.
Benefit	The monthly early retirement benefit is equal to the accrued normal retirement benefit deferred to age 65, or immediate pension payable on or after the date of retirement. In that case, the member’s normal retirement pension shall be of equivalent actuarial value to the early retirement pension.
Termination Benefit	
Eligibility	Three years of eligibility service.
Benefit	The monthly termination benefit is equal to the accrued normal retirement benefit, commencing at age 65, or an equivalent actuarial value of the accrued benefit, commencing on or after age 55, multiplied by the following vesting percentages:

Years of Eligibility Service	Percentage
3	20%
4	40%
5	60%
6	80%
7 and greater	100%

Preretirement Surviving Spouse Benefit	
Eligibility	Death of a member after meeting the eligibility requirements for either a terminated vested benefit or a normal retirement benefit and having not elected out of spouse’s benefit coverage.

Benefit

The benefit equals the benefit the spouse would receive had the participant terminated in the month of his or her death under the normal form of payment. The benefit is payable at the earliest date as of which the member would have been eligible for benefit commencement. The spouse's benefit for each year of coverage is reduced by the following factors:

Age	Reduction
35–45	0.05%
45–55	0.25%
55–65	0.50%

Normal Form of Payment

With Eligible Spouse: 50% contingent annuitant option.

Without Eligible Spouse: Life annuity.

Optional Forms of Payment

100% contingent annuitant option;
75% contingent annuitant option;
50% contingent annuitant option;
10 year certain annuity;
15 year certain annuity.

Definitions

Credited Service

Any calendar year commencing on or after January 1, 1983 in which the employee, as a member of the United Steelworkers of America AFL-CIO-CLC Local 121381, has 1,700 or more hours of service is counted as a full year toward credited service. For a calendar year with less than 1,700 compensated hours, a partial year of credited service is counted.

Equivalent Actuarial Value

The equivalent value when computed on the basis of the 1979 George B. Buck Mortality Table, and interest at the rate of 8% per year, as used in the calculation of the early retirement benefit and of certain optional forms of payment.

Eligibility Service

Eligibility service is all service with the company. In addition, an employee at the Curtis Bay Plan on November 3, 1982 receives credit for all uninterrupted employment with Olin Corporation prior to that date.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes

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

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

SCHEDULE SB (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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
Chemtrade Chemicals Corporation Consolidated Pension Plan

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Chemtrade Logistics

D Employer Identification Number (EIN)
22-2689817

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 2021

2 Assets:

a Market value	**2a**	76,225,547
b Actuarial value	**2b**	70,388,747

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	534	58,842,080	58,842,080
b For terminated vested participants	101	4,032,007	4,032,007
c For active participants	49	2,929,189	3,102,353
d Total	684	65,803,276	65,976,440

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**	5.46%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	660,000
c Total (line 6a + line 6b)	**6c**	660,000

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

Rodolfo E. Garcia RG — Signature of actuary

09/12/2022 — Date

Rodolfo E. Garcia — Type or print name of actuary

2007300 — Most recent enrollment number

AON CONSULTING INC — Firm name

973-463-6203 — Telephone number (including area code)

MSC# 17457, AON, PO BOX 6718

SOMERSET NJ 08875 — 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	80,661
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	80,661
10	Interest on line 9 using prior year's actual return of 13.05%	0	10,526
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		537,638
	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 5.60%		30,108
	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		567,746
	d Portion of (c) to be added to prefunding balance		567,746
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	658,933

Part III Funding Percentages

14	Funding target attainment percentage	14	105.68%
15	Adjusted funding target attainment percentage	15	106.68%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.28%
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
04/14/2021	251,000	0			
			Totals ► 18(b)	251,000	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	247,263

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:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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 6c)	**31a**	660,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	660,000

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**	247,263
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	247,263
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 Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.46%	Interest Adjusted Contribution
April 14, 2021	$ 251,000	103	$ 247,263

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
50	10.00%	0.26	12.91
51	10.00%	0.30	15.28
52	10.00%	0.57	29.51
53	10.00%	0.66	34.72
54	10.00%	0.82	44.41
55	2.00%	0.22	12.22
56	2.00%	0.28	15.48
57	2.00%	0.37	21.02
58	2.00%	0.42	24.27
59	2.00%	0.47	27.52
60	5.00%	1.18	70.86
61	10.00%	2.32	141.40
62	25.00%	5.40	334.53
63	25.00%	4.23	266.26
64	25.00%	3.86	246.96
65	75.00%	9.25	601.11
66	25.00%	1.51	99.44
67	25.00%	1.62	108.50
68	25.00%	1.45	98.72
69	25.00%	1.08	74.25
70	100.00%	3.19	223.06
71	100.00%	1.00	71.00
	Total	40.42	2573.45
	Weighted Average		63.66

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 23—Information on Use of Multiple Sets of Mortality Tables

The 2021 Static Mortality Table for Annuitants and Non-Annuitants per§1.430(h)(3)-1(e) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are seven disabled lives in this population.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on asset changed from 6.50% to 5.25% to better reflect anticipated future market experience and current asset allocation.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants

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

N-49

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%
Optional Payment Form Election Percentage	40% life annuity 25% joint and 50% survivor annuity 10% joint and 75% survivor annuity 25% joint and 100% survivor annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	SOA 1983 Group Annuity Mortality
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse. Male employees are three years older than their spouses. Female employees are two years younger than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $230,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.50%, limited to 6.27%
2021 Plan Year	5.25%, limited to 6.11%
Trust Expenses Included in Target Normal Cost	$660,000 Based on the prior year actual plan administrative expenses (excluding PBGC premiums) further adjusted for expected expense, plus the estimated PBGC premiums for the current year, rounded to the nearest $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Table 1

Retirement Rates

Age	Rate
50	10.00%
51	10.00%
52	10.00%
53	10.00%
54	10.00%
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	75.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
15	25.00%	15.60%	15.60%	15.60%
16	25.00%	15.60%	15.60%	15.60%
17	25.00%	15.60%	15.60%	15.60%
18	25.00%	15.60%	15.60%	15.60%
19	25.00%	15.60%	15.60%	15.60%
20	25.00%	15.60%	15.60%	15.60%
21	25.00%	15.60%	15.60%	15.60%
22	25.00%	15.60%	15.60%	15.60%
23	25.00%	15.60%	15.60%	15.60%
24	25.00%	15.60%	15.60%	15.60%
25	25.00%	15.60%	15.60%	15.60%
26	25.00%	15.00%	13.50%	13.50%
27	25.00%	15.00%	12.00%	11.40%
28	25.00%	15.00%	12.00%	10.80%
29	25.00%	15.00%	12.00%	10.20%
30	25.00%	15.00%	12.00%	9.60%
31	25.00%	15.00%	12.00%	9.00%
32	25.00%	15.00%	12.00%	8.40%
33	25.00%	15.00%	12.00%	8.10%
34	25.00%	15.00%	12.00%	7.80%
35	25.00%	15.00%	12.00%	7.50%
36	25.00%	15.00%	12.00%	7.40%
37	25.00%	15.00%	12.00%	7.30%
38	25.00%	15.00%	12.00%	7.10%
39	25.00%	15.00%	12.00%	7.00%
40	25.00%	15.00%	12.00%	6.90%
41	25.00%	15.00%	12.00%	6.80%
42	25.00%	15.00%	12.00%	6.60%
43	25.00%	15.00%	12.00%	6.50%
44	25.00%	15.00%	12.00%	6.40%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
45	25.00%	15.00%	12.00%	6.30%
46	25.00%	15.00%	12.00%	6.10%
47	25.00%	15.00%	12.00%	6.00%
48	25.00%	15.00%	12.00%	5.90%
49	25.00%	15.00%	12.00%	5.80%
50	25.00%	15.00%	12.00%	5.60%
51	25.00%	15.00%	12.00%	5.50%
52	25.00%	15.00%	12.00%	5.40%
53	25.00%	15.00%	12.00%	5.30%
54	25.00%	15.00%	12.00%	5.10%
55	25.00%	15.00%	12.00%	5.00%
56+	25.00%	15.00%	12.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
15	25.00%	21.10%	21.10%	21.10%
16	25.00%	21.10%	21.10%	21.10%
17	25.00%	21.10%	21.10%	21.10%
18	25.00%	21.10%	21.10%	21.10%
19	25.00%	21.10%	21.10%	21.10%
20	25.00%	21.10%	21.10%	21.10%
21	25.00%	21.10%	21.10%	21.10%
22	25.00%	21.10%	21.10%	21.10%
23	25.00%	21.10%	21.10%	21.10%
24	25.00%	21.10%	21.10%	21.10%
25	25.00%	21.10%	21.10%	21.10%
26	25.00%	18.00%	18.00%	18.00%
27	25.00%	15.00%	14.90%	14.90%
28	25.00%	15.00%	14.40%	14.40%
29	25.00%	15.00%	14.00%	14.00%
30	25.00%	15.00%	13.50%	13.50%
31	25.00%	15.00%	13.10%	13.10%
32	25.00%	15.00%	12.50%	12.50%
33	25.00%	15.00%	12.00%	12.00%
34	25.00%	15.00%	12.00%	11.60%
35	25.00%	15.00%	12.00%	11.10%
36	25.00%	15.00%	12.00%	10.80%
37	25.00%	15.00%	12.00%	10.50%
38	25.00%	15.00%	12.00%	10.20%
39	25.00%	15.00%	12.00%	9.90%
40	25.00%	15.00%	12.00%	9.60%
41	25.00%	15.00%	12.00%	9.30%
42	25.00%	15.00%	12.00%	9.00%
43	25.00%	15.00%	12.00%	8.70%
44	25.00%	15.00%	12.00%	8.40%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2-4**	**5+**
45	25.00%	15.00%	12.00%	8.10%
46	25.00%	15.00%	12.00%	7.70%
47	25.00%	15.00%	12.00%	7.40%
48	25.00%	15.00%	12.00%	7.10%
49	25.00%	15.00%	12.00%	6.80%
50	25.00%	15.00%	12.00%	6.50%
51	25.00%	15.00%	12.00%	6.20%
52	25.00%	15.00%	12.00%	5.90%
53	25.00%	15.00%	12.00%	5.60%
54	25.00%	15.00%	12.00%	5.30%
55	25.00%	15.00%	12.00%	5.00%
56+	25.00%	15.00%	12.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0189%	0.0189%	45	0.1008%	0.1512%
16	0.0189%	0.0189%	46	0.1134%	0.1701%
17	0.0189%	0.0189%	47	0.1323%	0.1890%
18	0.0189%	0.0189%	48	0.1575%	0.2079%
19	0.0189%	0.0189%	49	0.1764%	0.2268%
20	0.0189%	0.0189%	50	0.2079%	0.2520%
21	0.0189%	0.0189%	51	0.2457%	0.2772%
22	0.0189%	0.0189%	52	0.2898%	0.3087%
23	0.0189%	0.0189%	53	0.3339%	0.3402%
24	0.0189%	0.0189%	54	0.3843%	0.3717%
25	0.0189%	0.0189%	55	0.4347%	0.4032%
26	0.0189%	0.0189%	56	0.4851%	0.4347%
27	0.0189%	0.0189%	57	0.5418%	0.4662%
28	0.0189%	0.0252%	58	0.5985%	0.5040%
29	0.0189%	0.0252%	59	0.6615%	0.5355%
30	0.0189%	0.0252%	60	0.7245%	0.5670%
31	0.0189%	0.0315%	61	0.7938%	0.6048%
32	0.0189%	0.0315%	62	0.8694%	0.6363%
33	0.0189%	0.0378%	63	0.9513%	0.6615%
34	0.0189%	0.0378%	64	1.0332%	0.6867%
35	0.0252%	0.0441%	65+	0.0000%	0.0000%
36	0.0252%	0.0504%			
37	0.0315%	0.0567%			
38	0.0378%	0.0630%			
39	0.0441%	0.0756%			
40	0.0504%	0.0819%			
41	0.0567%	0.0945%			
42	0.0630%	0.1071%			
43	0.0756%	0.1197%			
44	0.0882%	0.1386%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Schedule SB, Part V—Summary of Plan Provisions

Previoulsy Chemtrade Chemicals Corporation Hourly Employees' Pension Plan

Effective Date	January 1, 1989.
Eligibility	All hourly paid employees covered by a collective bargaining agreement with the company or employed in a group designated by the company as eligible to participate in the plan. Eligibility for the plan was closed for non-union new hires on or after April 1, 2004, and as of the amendment date for certain union groups.
Normal Retirement	
Eligibility	Age 65.
Benefit	The normal retirement monthly benefit for most locations is the greater of (1) and (2) below: 1. 1.2% of three-year average monthly pay times credited service; five-year average applies to grandfathered service for various locations. 2. The minimum benefit rate times credited service where the rate is determined in the most recent agreement with respect to the employee's location. See Chart A for a list of minimum rates by location. The normal retirement monthly benefit for the Denver location is the sum of (3) and (4) below: 3. The monthly normal retirement benefit in (1) and (2) above, using credited service and average monthly pay on the amendment date; 4. The flat dollar pension amount times by flat dollar service. The normal retirement monthly benefit for participants hired after the flat dollar amendment date for locations with a flat dollar amendment date, except Denver, is (5) below: 5. The flat dollar pension amount times by credited service. See Chart A for a list of amounts by location.

Supplemental Benefit	
Eligibility	Generally retirement from active service. Eligibility varies by location.
Benefit	An additional monthly benefit dependent upon the employee's location. See Chart A for specifics.
Early Retirement	
Eligibility	Age 55 with 10 years of service or 80 age-plus-service points.
Benefit	The monthly early retirement benefit is calculated as the normal retirement benefit, reduced by ¼ of 1% for each month that early retirement precedes age 65. The early retirement benefit is unreduced if the participant either is 62 years old or has 80 age plus service points at the time of retirement.
Termination Benefit	
Eligibility	Termination after completing five years of service and before attaining eligibility for normal retirement or early retirement.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at age 65 reduced by 0.3% for each year by which termination precedes retirement to pay for the cost of providing the preretirement survivor annuity. If the preretirement survivor annuity is waived, this reduction will not be applied. A reduced benefit may commence any time after the participant has attained age 55. The benefit is reduced by ½ of 1% for each month that benefit commencement precedes age 65.
Disability Retirement	
Eligibility	Ten years of service and permanently incapacitated.
Benefit	The monthly disability benefit is the greater of the benefit calculated as the normal retirement benefit and a monthly amount dependent upon the employee's location. The benefit is payable immediately with no reductions. See Chart A for specifics on the minimum disability benefit.

Preretirement Surviving Spouse's Benefit	
Eligibility	If a participant dies after attaining age 65 or accruing five years of service, and before receiving retirement benefits, his spouse is eligible to receive a benefit from the plan.
Benefit	If an employee dies while actively employed, the spouse will receive an immediate benefit equal to 50% of the benefit the participant would have received at normal retirement had he terminated on the day of his death. The spouse of terminated employee who is eligible for a deferred pension who has not waived the preretirement survivor annuity and who has not begun to receive pension benefits will receive a benefit. Payment of benefits will begin immediately or when the terminated employee would have attained age 55, whichever is later and will be in the same amount as if the terminated employee had elected to begin receiving the automatic spouses pension on that date and then died immediately afterward.
Normal Form of Payment	
Single Participant	Life annuity.
Married Participant	Actuarially reduced joint and 50% survivor annuity.
Optional Forms of Payment	Reduced joint and 100% survivor annuity; Reduced joint and 75% survivor annuity; Reduced 10 year certain annuity; Social Security option.
Definitions	
Pay	Total compensation, excluding relocation reimbursements, educational assistance, death payments, commuting reimbursements, or patent awards, but including incentive compensation and tax deferred contributions.
Average Monthly Pay	The average monthly pay during the highest paid three or five years during the last 10 years of service. Average monthly pay was frozen on March 31, 2004, for non-union participants only, and as of the amendment date for certain locations listed on Chart A.
Service	The period during which a participant is employed by the company.

Amendment Date	Date upon which plan changes are effective. See Chart A for those dates, which vary by location.
Credited Service	Period of employment from date of hire until termination date. Credited service was frozen as of March 31, 2004, for nonunion participants only, and as of the amendment date for certain locations listed on Chart A.
Flat Dollar Pension Amount	A specified dollar amount. See below for those amounts, which vary by location.
Flat Dollar Service	Period of employment from the later of the location's amendment date and the date of hire until termination date. Flat dollar service was frozen as of March 31, 2004, for nonunion participants only.
Equivalent Actuarial Value	For optional payment forms, simplified factors as specified in Section 7.2 of the plan document.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Chemtrade Chemicals Corporation Hourly Employees' Pension Plan
EIN: 22-2689817 PN: 010

Chart A

Name	Expense Group	Amendment Date	Monthly Benefit Rate	Ultimate Minimum Monthly Benefit	Ultimate Supplemental Disability Benefit	Minimum Monthly Pension Amount
Denver	AL007	05/01/2004	$25	$ 35[1]	$ 450	$37
Bay Point	AL008	01/13/2004	$30	$ 35[1]	$ 500	$35
East St. Louis	AL011	05/01/2009	$30	$ 35[2]	$ 500	$35
National (Cleveland)	AL014	None	$30	$ 34	$ 400	N/A
Middletown	AL021	07/01/2004	$35	$ 34[1]	$ 400	$37
Covington	AL023	None	$25	$ 35	$ 450	N/A
Ashdown	AL026	None	$25	$ 35	$ 450	N/A
Detroit	AL031	07/01/2006	$33	$ 35	$ 600	N/A
Menasha	AL033	12/01/2006	$30	$ 34	$ 400	N/A
Tampa	AL038	None	$25	$ 35	$ 450	N/A
Wisconsin Rapids	AL042	02/28/2005	$30	$ 34[1]	$ 400	$35
Tacoma	AL044	None	$25	$ 35	$ 450	N/A
Atlanta	AL048	None	$30	$ 34	$ 400	N/A
Vancouver	AL049	03/01/2010	$30	$ 34	$ 400	N/A
New Orleans	AL050	None	$28	$ 35	$ 475	N/A
Augusta	AL058	None	$25	$ 35	$ 450	N/A
Catawba	AL059	None	$25	$ 35	$ 450	N/A
Cedar Springs	AL060	None	$25	$ 35	$ 450	N/A
Springfield	AL061	None	$25	$ 35	$ 450	N/A
Port St. Joe	AL070	None	$25	$ 35	$ 450	N/A
Macon	AL081	None	$25	$ 35	$ 450	N/A
Jacksonville	AL082	None	$25	$ 35	$ 450	N/A
Savannah	AL084	None	$25	$ 35	$ 450	N/A
Pine Bluff	AL087	09/01/2006	$26	$ 35	$ 450	N/A
Hopewell	AL094	09/01/2007	$28	$ 45	$ 500	N/A
Bay Point	BP002	03/31/2007	$30	$ 35	$ 500	N/A
Delaware Valley South	DV045	None	$40	$ 50	$ 700	N/A
Delaware Valley North	MH045	None	$32	$ 45	$ 600	N/A
Hollister	HL009	07/01/2006	$26	$ 25	$ 0	N/A
Augusta	SU016	None	$25	$ 35	$ 450	N/A
Richmond	SU039	07/01/2006	$26	$ 28	$ 400	N/A
Anacortes	SU091	02/01/2010	$28	$ 35	$ 75	N/A
Syracuse	SY001	06/12/2004	$35	$352	$1,000	$37

[1] Applies to participants hired before the amendment date.
[2] Applies to participants that retire before the amendment date.

Previously Peridot Chemicals New Jersey Inc. Curtis Bay Union Employees' Pension Plan

Effective Date	January 1, 1983.
Participation	All employees of Peridot Chemicals (New Jersey), Inc.—Curtis Bay, on the first of the month following attainment of age 21 and upon completion of one year of eligibility service, are designated by the company as eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65 with five years of eligibility service.
Benefit	The monthly normal retirement benefit is credited service times $31.
Early Retirement	
Eligibility	Age 55 and 10 years of eligibility service.
Benefit	The monthly early retirement benefit is equal to the accrued normal retirement benefit deferred to age 65, or immediate pension payable on or after the date of retirement. In that case, the member’s normal retirement pension shall be of equivalent actuarial value to the early retirement pension.
Termination Benefit	
Eligibility	Three years of eligibility service.
Benefit	The monthly termination benefit is equal to the accrued normal retirement benefit, commencing at age 65, or an equivalent actuarial value of the accrued benefit, commencing on or after age 55, multiplied by the following vesting percentages:

Years of Eligibility Service	Percentage
3	20%
4	40%
5	60%
6	80%
7 and greater	100%

Preretirement Surviving Spouse Benefit	
Eligibility	Death of a member after meeting the eligibility requirements for either a terminated vested benefit or a normal retirement benefit and having not elected out of spouse’s benefit coverage.

Benefit

The benefit equals the benefit the spouse would receive had the participant terminated in the month of his or her death under the normal form of payment. The benefit is payable at the earliest date as of which the member would have been eligible for benefit commencement. The spouse's benefit for each year of coverage is reduced by the following factors:

Age	Reduction
35–45	0.05%
45–55	0.25%
55–65	0.50%

Normal Form of Payment

With Eligible Spouse: 50% contingent annuitant option.

Without Eligible Spouse: Life annuity.

Optional Forms of Payment

100% contingent annuitant option;
75% contingent annuitant option;
50% contingent annuitant option;
10 year certain annuity;
15 year certain annuity.

Definitions

Credited Service

Any calendar year commencing on or after January 1, 1983 in which the employee, as a member of the United Steelworkers of America AFL-CIO-CLC Local 121381, has 1,700 or more hours of service is counted as a full year toward credited service. For a calendar year with less than 1,700 compensated hours, a partial year of credited service is counted.

Equivalent Actuarial Value

The equivalent value when computed on the basis of the 1979 George B. Buck Mortality Table, and interest at the rate of 8% per year, as used in the calculation of the early retirement benefit and of certain optional forms of payment.

Eligibility Service

Eligibility service is all service with the company. In addition, an employee at the Curtis Bay Plan on November 3, 1982 receives credit for all uninterrupted employment with Olin Corporation prior to that date.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes

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

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