

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ 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:	☒ 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 <u>MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/29/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/29/2007</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/29/2007</u>					
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) <u>MOMENTIVE PERFORMANCE MATERIALS INC</u> <u>2750 BALLTOWN ROAD</u> <u>SCHENECTADY, NY 12309</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-5748297</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>844-540-0444</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-5748297</u>	2c Plan Sponsor's telephone number <u>844-540-0444</u>	2d Business code (see instructions) <u>325900</u>	
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2c Plan Sponsor's telephone number <u>844-540-0444</u>					
2d Business code (see instructions) <u>325900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	BILLIE JO CUTHBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	2218
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)	930
a(2) Total number of active participants at the end of the plan year		6a(2)	838
b Retired or separated participants receiving benefits.....		6b	785
c Other retired or separated participants entitled to future benefits		6c	528
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	47
f Total. Add lines 6d and 6e		6f	2198
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			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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 <u>MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOMENTIVE PERFORMANCE MATERIALS INC</u>	D Employer Identification Number (EIN) <u>20-5748297</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information																				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>																				
2	Assets:																				
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Market value</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;"><u>157140788</u></td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;"><u>157140788</u></td> </tr> </table>	a Market value	2a	<u>157140788</u>	b Actuarial value	2b	<u>157140788</u>														
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3	Funding target/participant count breakdown																				
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:55%;"></th> <th style="width:15%; text-align: center;">(1) Number of participants</th> <th style="width:15%; text-align: center;">(2) Vested Funding Target</th> <th style="width:15%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: right;"><u>780</u></td> <td style="text-align: right;"><u>72523292</u></td> <td style="text-align: right;"><u>72523292</u></td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: right;"><u>508</u></td> <td style="text-align: right;"><u>19918598</u></td> <td style="text-align: right;"><u>19918598</u></td> </tr> <tr> <td>c For active participants</td> <td style="text-align: right;"><u>930</u></td> <td style="text-align: right;"><u>58406550</u></td> <td style="text-align: right;"><u>58429179</u></td> </tr> <tr> <td>d Total.....</td> <td style="text-align: right;"><u>2218</u></td> <td style="text-align: right;"><u>150848440</u></td> <td style="text-align: right;"><u>150871069</u></td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	<u>780</u>	<u>72523292</u>	<u>72523292</u>	b For terminated vested participants.....	<u>508</u>	<u>19918598</u>	<u>19918598</u>	c For active participants	<u>930</u>	<u>58406550</u>	<u>58429179</u>	d Total.....	<u>2218</u>	<u>150848440</u>	<u>150871069</u>
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4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐																				
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>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.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	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															
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5	Effective interest rate <u>5.66</u> %																				
6	Target normal cost.....																				
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c Total (line 6a + line 6b)	6c	<u>5351146</u>																			

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary <u>DAVID M HAUER</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u> Address of the firm	<u>10/04/2022</u> Date <u>20-06576</u> Most recent enrollment number <u>216-937-4000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.65</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1414812
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 <u>5.81</u> %		82201
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		1497013
d Portion of (c) to be added to prefunding balance		1497010
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	1497010

Part III Funding Percentages

14 Funding target attainment percentage	14	103.16 %
15 Adjusted funding target attainment percentage	15	104.15 %
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	98.03 %
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
Totals ▶			18(b)	0	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	0

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 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	5351146	
b Excess assets, if applicable, but not greater than line 31a	31b	4772709	
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	578437	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	578437	578437
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOMENTIVE PERFORMANCE MATERIALS INC	D Employer Identification Number (EIN) 20-5748297	

Part I	Service Provider Information (see instructions)
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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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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)

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	557666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	172950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIFEWORKS (US) LTD

52-1883918

(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?
16 99	NONE	161947	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)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	66965	Yes ☒ No ☐	Yes ☒ 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 ☐

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MOMENTIVE PERFORMANCE MATERIALS INC</u>	D Employer Identification Number (EIN) <u>20-5748297</u>	

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: <u>EB TEMP INV FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>558909</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI ENERGY DEBT CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI</u>		
c EIN-PN <u>47-4093583-082</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7276613</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI STRUCTURED CREDIT COLLECTIVE FD</u>		
b Name of sponsor of entity listed in (a): <u>SEI</u>		
c EIN-PN <u>75-3251893-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9914800</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI SPECIAL SITUATIONS CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI</u>		
c EIN-PN <u>27-0977453-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8801893</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI GLOBAL PRIVATE ASSETS IV CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI</u>		
c EIN-PN <u>81-5067490-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5878401</u>
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTIVE PERFORMANCE MATERIALS INC</u>	D Employer Identification Number (EIN) <u>20-5748297</u>	

Part I	Asset and Liability Statement
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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)	3659749	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	40150872	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8239895	9909490
(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)	24899097	32430616
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	126252215	123244287
(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	203201828 165584393
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	281010 231657
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	281010 231657
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	202920818 165352736

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	0
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)	0
	(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)	2634536
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2634536
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	733437
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	763487
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-30050
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-3934248
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-3934248

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7612713
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		10660388
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16943339
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6514252	
(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)		6514252
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)	176915	
(2) Contract administrator fees.....	2i(2)	66965	
(3) Investment advisory and management fees.....	2i(3)	557666	
(4) Other.....	2i(4)	1643571	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2445117
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8959369
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7983970
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		45552052

Part III Accountant's Opinion

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

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

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

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ 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:

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.).....

	Yes	No	Amount
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)	
MOMENTIVE TECHNOLOGIES PENSION PLAN	34-1839929	001	
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 450281 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOMENTIVE PERFORMANCE MATERIALS INC	D Employer Identification Number (EIN) 20-5748297

Part I	Distributions
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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): 25-1926855		
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
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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

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

Schedule R (Form 5500) 2021
v. 201209

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: 54.0 % Investment-Grade Debt: 33.0 % High-Yield Debt: 6.0 % Real Estate: 0.0 % Other: 7.0 %

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 _____

MOMENTIVE PERFORMANCE MATERIALS INC.
PENSION PLAN
Schenectady, New York

FINANCIAL STATEMENTS
December 31, 2021 and 2020

MOMENTIVE PERFORMANCE MATERIALS INC.
PENSION PLAN
Schenectady, New York

FINANCIAL STATEMENTS
December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Momentive Performance Materials Inc. Pension Plan
Schenectady, NY

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 the Momentive Performance Materials Inc. Pension Plan (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 benefits and of accumulated plan benefits as of December 31, 2021, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (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 4 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.
- 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).

(Continued)

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.
- 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.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Momentive Performance Materials Inc. Pension Plan. 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.

A handwritten signature in black ink that reads "Crowe LLP". The signature is written in a cursive, stylized font.

Crowe LLP

Franklin, Tennessee
October 12, 2022

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 165,584,393	\$ 159,391,207
Receivables		
Employer contribution	-	3,659,749
Due from broker for securities sold	-	<u>40,150,872</u>
Total receivables	<u>-</u>	<u>43,810,621</u>
Total assets	165,584,393	203,201,828
LIABILITIES		
Accrued administrative expenses	<u>231,657</u>	<u>281,010</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 165,352,736</u>	<u>\$ 202,920,818</u>

See accompanying notes to financial statements.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2021

Additions in net assets attributed to:

Net appreciation in fair value of investments	\$ 14,309,769
Interest and dividend income	<u>2,633,570</u>

Total additions	16,943,339
-----------------	------------

Deductions from net assets attributed to:

Benefits paid to participants	6,514,252
Administrative expenses	<u>2,445,117</u>

Total deductions	<u>8,959,369</u>
------------------	------------------

Net increase prior to transfer	7,983,970
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Transfer to other plan (Note 1)	<u>(45,552,052)</u>
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Net decrease	(37,568,082)
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Net assets available for benefits

Beginning of year	<u>202,920,818</u>
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End of year	<u><u>\$ 165,352,736</u></u>
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See accompanying notes to financial statements.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Actuarial present value of accumulated benefits		
Vested benefits		
Participants currently receiving payments	\$ 67,870,328	\$ 76,293,204
Participants with deferred benefits	15,754,547	18,499,083
Other vested participants	<u>43,637,394</u>	<u>63,621,733</u>
Total vested benefits	127,262,269	158,414,020
Non-vested benefits	<u>36,075</u>	<u>26,600</u>
Total actuarial present value of accumulated benefits	<u>\$ 127,298,344</u>	<u>\$ 158,440,620</u>

See accompanying notes to financial statements.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2021

Increase (decrease) during the year attributed to:	
Benefits accumulated and losses	\$ 2,720,516
Benefits paid	(6,514,252)
Assumption changes (Note 3)	106,993
Actuarial gains	(2,632,194)
Increase due to decrease in discount period	11,910,450
Transfer to other plan (Note 1)	<u>(36,733,789)</u>
Net decrease	(31,142,276)
Accumulated plan benefits:	
Actuarial present value of accumulated benefits at beginning of year	<u>158,440,620</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 127,298,344</u>

See accompanying notes to financial statements.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Momentive Performance Materials Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: Momentive Performance Materials Inc. Pension Plan is a noncontributory defined benefit pension plan for the benefit of eligible employees of Momentive Performance Materials Inc. (the "Company", and "Plan Sponsor") and its participating U.S. subsidiaries. The Company's parent company, MPM Holdings, Inc, was acquired by an investor group consisting of SJL Partners LLC, KCC Corporation and Wonik QnC Corporation on September 13, 2018. The Plan was established January 29, 2007, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective January 1, 2020 Momentive Performance Materials Quartz, Inc. spun-off from the Company into Momentive Quartz Technologies, as a separate Employer. As a result, the Plan has converted from a single employer plan to a multiple-employer plan.

Eligibility: The Plan covers substantially all eligible U.S. employees of Momentive Performance Materials Inc. and Momentive Performance Materials USA Inc. except for those in certain employee classes hired after the effective freeze date for that class. Newly hired employees in an eligible group become participants on the January 1 following their hire date.

Effective August 31, 2012, no new exempt employees may enter the Plan after September 1, 2012.

Effective December 31, 2013, employees covered by the IUE-CWA, The Industrial Division of the Communications Workers of America, AFL-CIO, CLC, (the "IUE Union") agreement who were hired on or after January 1, 2013 are not eligible to participate in the Plan.

Effective December 31, 2014, employees covered by the Local 698-C of the International Chemical Workers Union Council of the United Food and Commercial Workers (the "Sistersville Union") agreement who were hired on or after January 1, 2014 and non-exempt employees not covered by a collective bargaining agreement ("NUNE," or "non-union non-exempt") will not be eligible to participate in the Plan. As such, the Plan is fully frozen to participation as of December 31, 2014.

Vesting: Participants generally vest in their benefits under the Plan after completing five years of pension qualification service or upon the attainment of normal retirement age, whichever comes first. The Plan recognizes prior employment service with certain predecessor employers of the Company for purposes of vesting and other benefits with service requirements. The Plan was amended effective October 24, 2014, to immediately vest employees who transfer between the Company and Hexion, Inc. ("Hexion"), the Company's former affiliate, while a Shared Services Agreement is in effect (Cross Company employees) regardless of whether such transfer is at the request of the Company or Hexion.

Retirement Age: Normal retirement is defined under the Plan as age 65. Pension benefits consist of a regular pension monthly annuity and, if applicable, special pension supplements. The Plan permits early retirement at age 60.

The Plan also provides special early retirement benefits as early as age 55 to participants meeting the eligibility criteria, which includes 25 years of service, for certain job loss events. This provision expired July 1, 2013 for exempt and non-bargained hourly associates and was extended with no expiration for certain Union employees, and for certain other bargained associates until July 31, 2014.

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

An employee with at least 15 years of pension qualifying service, who becomes disabled while actively employed, and subsequently becomes permanently disabled prior to normal retirement age, may be eligible to receive a disability pension. An employee is considered permanently disabled if he received disability benefits under the federal Social Security Act or under the Company's long-term disability plan. Pre-retirement death benefits are available for beneficiaries of vested and qualified participants under the Plan.

Pension Benefits: For service and pay earned January 29, 2007 through December 31, 2007, the benefit under the Plan is an enhanced formula designed to provide a benefit equal to or greater than the benefit provided under the predecessor General Electric Pension Plan.

For service and pay earned on or after January 1, 2008, the Plan generally provides an annual benefit payable at age 65 equal to the greater of a final average pay formula multiplied by years of service earned after December 31, 2007 or a flat dollar amount multiplied by years of service. Pension Benefits also provide for regular and special supplemental payments to eligible participants. Participant eligibility for these supplemental payments is dependent upon their associate classification and benefit commencement date as defined by the Plan and amended from time to time.

Pension qualification service shall be credited to a participant who continues as an employee while receiving worker compensation pay until the earlier of the date benefits commence, or 18 months following the commencement of worker compensation pay.

Beginning September 1, 2012, compensation or service earned by exempt associates will not be taken into account for purposes of determining pension benefits.

Beginning January 1, 2014, IUE Union associates who are hired before January 1, 2013 and are at least 50 years of age and have 10 years of Pension Qualified Service (PQS) may make a one-time irrevocable election (Choice Election) to continue earning benefit accruals under the Plan and remain eligible for supplements under the Plan (Grandfathered IUE Associates), or they may elect to participant in enhanced defined contributions plan benefits under the Momentive Performance Materials Savings Plan (MPM Savings Plan). Beginning January 1, 2014, IUE Union associates hired before January 1, 2013 who are under 50 years of age with less than 10 years of service and all other IUE Union associates who did not make the Choice Election (Non-Grandfathered IUE Associates), any compensation and service earned will not be taken into account for purposes of determining pension benefits.

Beginning January 1, 2015, compensation or service earned by Sistersville Union associates who are under 50 years of age as of December 31, 2014, or who have less than ten years of PQS as of December 31, 2014, ("Non-Grandfathered Sistersville associates"), will not be taken into account for purposes of determining pension benefits.

Effective January 1, 2015, the Company amended the Plan to freeze accruals under the Plan as of December 31, 2015 for NUNE employees, except for eligible NUNE employees who make a Choice Election to either continue accruing benefits under the Plan and remain eligible for supplements under the Plan or to participate in the enhanced defined contribution plan benefits under the MPM Savings Plan in lieu of earning any additional benefit accruals and being eligible for supplements under the Plan after December 31, 2015. Each NUNE Employee who is at least 50 years of age and has at least 10 years of PQS ("Grandfathered NUNE employee") as of December 31, 2015 may make a Choice Election.

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Effective December 31, 2015, a Grandfathered NUNE Employee who terminates employment with the Company on or after January 1, 2016, and is rehired by the Company is eligible to recommence active participation in the Plan solely for purposes of earning PQS. Compensation will not be taken into account for purposes of determining final average pay. A Grandfathered NUNE Employee that is placed on temporary lay-off and is reemployed immediately following the temporary lay-off will recommence active participation in the Plan for all purposes.

Grandfathered NUNE Employees will be eligible for the Special Early Retirement Option and Plant Closing Pension Option commencing January 1, 2016 and after; there will be no expiration, except that early retirement supplements are only available until the Supplement Expiration Date, as defined in the Plan document.

Plan Expenses: The Company provides certain administrative services without charge to the Plan. In accordance with the Plan document, all other administrative expenses of the Plan are paid from the Plan assets.

Investment management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses of these funds are reflected as a reduction of investment return for such investments.

Funding Policy: The Company will make contributions to the Plan as permitted or required by government laws and regulations. Participant contributions are not permitted under the Plan. The Company's contributions to the Plan for the year ended December 31, 2021 satisfied the minimum funding requirements prescribed by the ERISA.

Transfer to Other Plan: Effective January 1, 2021, the Plan spun off assets into the Momentive Technologies Pension Plan. This was subsequent to the Company's separation agreement with MOMQ Holdings Company, the plan sponsor of the Momentive Technologies Pension Plan, on January 1, 2020. Assets totaling \$45,552,052 and accumulated plan benefits of \$36,733,789 were transferred from the Plan to the Momentive Technologies Pension Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results could differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimate of the actuarial present value of accumulated plan benefits.

Risk and Uncertainties: The Plan's investments are exposed to various risks, such as interest rate, market, liquidity and credit risks. Market risks include risks associated with ongoing global events. 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 these financial statements.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and compensation. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term, and due to uncertainties inherent in setting assumptions, that the effect of such changes could be material to the actuarial present value of accumulated plan benefits or the statements of net assets available for benefits and statement of changes in net assets available for benefits.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Investment Valuation and Income Recognition: Plan investments are stated at fair value. Investment purchases and sales transactions are recognized on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recognized on the accrual basis. The net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

The following 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:

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each collective trust held by the Plan provides for daily redemptions at reported net asset values per share, with no advance notice requirement. No unfunded commitments exist for any of the collective trust funds.

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

U.S. Government Securities: Certain U.S. government securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

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.

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

Fair Value Measurements at December 31, 2021 Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 123,244,287	\$ 123,244,287	\$ -	\$ -
US Government securities	9,909,490	-	9,909,490	-
Collective trust funds*	<u>32,430,616</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 165,584,393</u>	<u>\$ 123,244,287</u>	<u>\$ 9,909,490</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2020 Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 126,252,215	\$ 126,252,215	\$ -	\$ -
US Government securities	8,239,895	-	8,239,895	-
Collective trust funds*	<u>24,899,097</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 159,391,207</u>	<u>\$ 126,252,215</u>	<u>\$ 8,239,895</u>	<u>\$ -</u>

* 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 the reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The significant actuarial assumptions underlying the actuarial valuations as of December 31, 2021 and 2020 are as follows:

Mortality:	For 2021, Pri-2012 mortality table for annuitants and non-annuitants with the MP-2021 mortality improvement scale; For 2020, Pri-2012 mortality table for annuitants and non-annuitants with the MP-2020 mortality improvement scale
------------	--

Annual retirement rate as of December 31, 2021:	<u>Age nearest birthday</u>	<u>Hourly associates</u>	<u>Salary associates</u>
	60	25%	15%
	61	25%	15%
	62	25%	15%
	63	20%	15%
	64	20%	15%
	65-69	30%	30%
	70	100%	100%

Annual retirement rate as of December 31, 2020:	<u>Age nearest birthday</u>	<u>All associates</u>
	60	20%
	61	15%
	62	25%
	63-69	20%
	70	100%

Long-term rate of return:	7.50% at December 31, 2021 and 2020
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The change in the actuarial present value of accumulated plan benefits for plan actuarial assumptions during 2021 was due to a change in mortality improvement scale from using generational scale MP-2020 to generational scale MP-2021. In addition, the lump sum conversion rate for certain death benefits was increased from 2.73% to 3.01%.

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

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

NOTE 4 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held as of December 31, 2021 and 2020, net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A (the Trustee of the Plan) except for the fair value of the Plan's investments in SEI Energy Debt CIT, SEI Structured Credit Collective Fund, and the SEI Special Situations CIT of \$25,993,306 and \$20,506,384 as of December 31, 2021 and 2020, respectively, and the related net appreciation of \$5,486,922 for the year ended December 31, 2021.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

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.

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

NOTE 6 - PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan investments were managed by Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, therefore, these transactions qualify as party-in-interest investments. Certain Plan investments were issued by SEI Institutional Investments Trust, an affiliate of an investment manager for the Plan, therefore, these transactions qualify as party-in-interest investments. Fees paid by the Plan to parties-in-interest for investment management, actuarial, audit, and consulting services totaled \$2,445,117 for the year ended December 31, 2021. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 7 - TAX STATUS OF PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated December 9, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. 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 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 the Department of Labor or Internal Revenue Service, 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 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 12, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Name of Plan sponsor:	Momentive Performance Materials Inc.
Employer identification number:	20-5748297
Three-digit plan number:	001

(a)	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of Investment	(d) Cost	(e) Fair Value
Collective Trusts				
*	Bank of New York Mellon	EB Temp Inv Fund	\$ 558,909	\$ 558,909
*	SEI	SEI Energy Debt CIT	6,300,000	7,276,613
*	SEI	SEI Structured Credit Collective Fund	6,300,000	9,914,800
*	SEI	SEI Special Situations CIT	6,300,000	8,801,893
*	SEI	SEI Global Private Assets IV CIT	3,091,415	5,878,401
Mutual Funds				
*	SEI	SEI Institutional Investment Trust- Large Cap Index Fund A	28,558,419	39,366,089
*	SEI	SEI Institutional Investment Trust- World Equity Ex-US F A	23,710,035	26,260,997
*	SEI	SEI Institutional Investment Trust- Emerging Markets Equity F	5,711,236	6,456,316
*	SEI	SEI Institutional Investment Trust- Long Duration Credit A	33,542,958	30,846,917
*	SEI	SEI Institutional Investment Trust- Intermediate Duration Credit A	8,761,238	8,414,338
*	SEI	SEI Institutional Investment Trust- Extended Markets Index Fund A	8,898,755	11,899,630
US Government Securities				
	US Treasury	US Treasury Bond Principal STRIP 5/15/2050	3,976,654	3,790,778
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2028	786,276	764,315
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2031	2,512,991	2,446,586

* = Party-in-interest investment

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Name of Plan sponsor:	Momentive Performance Materials Inc.
Employer identification number:	20-5748297
Three-digit plan number:	001

(a)	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of Investment	(d) Cost	(e) Fair Value
US Government Securities (Continued)				
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2036	\$ 2,081,542	\$ 1,993,602
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2041	949,470	<u>914,209</u>
Total Investments				<u>\$ 165,584,393</u>

* = Party-in-interest investment

See independent auditor's report.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2021

Name of Plan sponsor:	<u>Momentive Performance Materials Inc.</u>
Employer identification number:	<u>20-5748297</u>
Three-digit plan number:	<u>001</u>

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transactions	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
SEI	SEI Institutional Investment Trust Large Cap Index Fund A	\$ 4,834,404 -	\$ - 8,353,859	\$ - -	\$ - -	\$ 4,834,404 6,022,941	\$ 4,834,404 8,353,859	\$ - 2,330,918
Bank of New York Mellon	EB Temporary Investment Fund	11,007,650 -	- 11,735,567	- -	- -	11,007,650 11,735,567	11,007,650 11,735,567	- -

See independent auditor's report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2021

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	5	0	0	0	0	0	0	0	6
30-34	5	8	23	7	0	0	0	0	0	0	43
35-39	3	12	28	18	0	0	0	0	0	0	61
40-44	6	36	17	37	0	0	0	0	0	0	96
45-49	5	52	19	67	0	0	0	0	0	0	143
50-54	6	61	21	98	0	0	0	0	0	0	186
55-59	5	60	12	138	0	0	0	0	0	0	215
60-64	3	45	6	80	0	0	0	0	0	0	134
65-69	2	8	1	31	0	0	0	0	0	0	42
70 & over	2	1	0	1	0	0	0	0	0	0	4
Total	37	284	132	477	0	0	0	0	0	0	930

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

Plan Name: Momentive Performance Materials Inc. Pension Plan

EIN / PN: 20-5748297/001

Plan Sponsor: Momentive Performance Materials Inc.

Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September 2020
- Interest rate basis Three-segment rates reflecting interest rate corridor under MAP-21, HATFA and ARPA

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	2.22%
■ Second segment rate	5.36%	3.38%
■ Third segment rate	6.11%	3.92%
■ Effective interest rate	5.66%	3.62%

Annual rates of increase

- Compensation 2.25%
- Future Social Security wage bases 2.75%

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality For PPA purposes, the prescribed mortality assumptions under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

For ASC 960 purposes, separate rates for non-annuitants (based on sex-distinct Pri-2012 "Employees" tables without collar or amount adjustments, with generational projection from 2012 using scale MP-2020) and annuitants (based on sex-distinct Pri-2012 "Healthy Annuitants" tables without collar or amount adjustments, with generational projection from 2012 using scale MP-2020).

Death benefits All surviving spouses are assumed to elect an immediate lump sum.

Lump sum conversion basis Funding valuation interest rate and the mortality table specified by PPA for lump sum payments in the fiscal year.

For ASC 960 purposes, 2.73% was used as the lump sum conversion interest rate.

Retirement The assumed rates at which all participants retire by age are shown below

Age Nearest Birthday	Assumed Annual Retirement Rate
59	0.000
60	0.200
61	0.150
62	0.250
63-69	0.200
70	1.000

Disability rates (per 100 employees) The rates at which participants are assumed to become disabled are based on Unisex 1985 Pension Disability Tables:

- Salaried: 100% of Unisex Class 1 Table
- Hourly: 100% of Unisex Class 3 Table

Employees retiring on Long Term Disability are assumed to commence benefits at age 65.

Disabled participants are assumed to retire at age 65.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Representative termination rates

The rates (varying by salary class, gender, and service) at which participants are assumed to leave are shown below:

Select rates:

Service (yrs.)	Male Hourly Associates	Male Salaried Associates	Female Associates
Below 2	0.16	0.28	0.32
2	0.06	0.16	0.16
3	N/A	0.10	0.13
4	N/A	0.09	0.10

Ultimate Rates:

Age Nearest Birthday	Male Hourly Associates	Male Salaried Associates	Female Associates
25	0.058	0.114	0.193
30	0.050	0.096	0.162
35	0.043	0.081	0.135
40	0.037	0.068	0.112
45	0.031	0.056	0.092
50	0.026	0.046	0.074
55	0.022	0.036	0.057
60	0.000	0.000	0.000

Terminated vested participants are assumed to retire at age 65.

Spouse assumption

Where spouse date of birth is not provided, female spouse is assumed to be three years younger than male. In addition, the following assumptions are made for active and terminated vested participants.

	Male	Female
% Married	80%	60%
% Electing Spouse Option	85%	85%

Employees

It was assumed that there will be no new or rehired employees.

Administrative expenses

The amount included in the 2021 target normal cost for plan-related expenses is \$1,937,000, which is equal to prior year administrative expenses paid from the trust, adjusted for current year PBGC premiums.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets as of the valuation date, plus the discounted present value of contributions made for the prior plan year after the valuation date and before the deadline for prior plan year contributions, discounted using the effective interest rate for the prior plan year.

Changes in assumptions since last actuarial valuation report

- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.
- The three-segment rates were updated to reflect the rates in effect for the applicable month for the current valuation year in accordance with IRC §430(h), reflecting interest rate corridors under MAP-21, HATFA, BBA and ARPA, as elected by MPM.
- No other changes to assumptions were made since the previous valuation.

Sources of Data and Other Information

The plan sponsor through its third-party administrator, LifeWorks, furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by the Company or BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions**Interest rate**

The basis chosen for PPA purposes was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Salary scale

The assumed annual salary increase rate was chosen by the plan sponsor and represents an estimate of future experience for the portion of the Company's population for whom continued salary-related accruals are provided.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are prescribed by IRC §430(h).
Termination and retirement	<p>Termination and retirement rates are based on an experience study conducted in 2014 with consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by age, gender, salary class and service because of observed differences in termination rates by these factors.</p> <p>The termination and retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination and retirement patterns different than assumed.</p>
Disability	Disability rates are based on widely accepted disability tables. Actual experience was reviewed during the 2014 experience study and was determined not credibly different from the current assumption.
Percent married	The assumed percentage of participants who are married is based on an experience study performed at the end of 2012, for the period 2007 through 2012.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in the Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
Change in methods since prior valuation	None.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

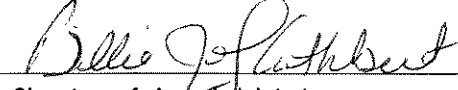
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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: ☒ 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 MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/29/2007
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) MOMENTIVE PERFORMANCE MATERIALS INC 2750 Balltown Road Schenectady NY 12309	2b Employer Identification Number (EIN) 20-5748297 2c Plan Sponsor's telephone number 844-540-0444 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		10/12/22	Billie Jo Cuthbert
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/22	Billie Jo Cuthbert
	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

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2,218
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 930 6a(2) 838 6b 785 6c 528 6d 2,151 6e 47 6f 2,198 6g 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 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2021

Name of Plan sponsor:	<u>Momentive Performance Materials Inc.</u>
Employer identification number:	<u>20-5748297</u>
Three-digit plan number:	<u>001</u>

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transactions	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
SEI	SEI Institutional Investment Trust Large Cap Index Fund A	\$ 4,834,404 -	\$ - 8,353,859	\$ - -	\$ - -	\$ 4,834,404 6,022,941	\$ 4,834,404 8,353,859	\$ - 2,330,918
Bank of New York Mellon	EB Temporary Investment Fund	11,007,650 -	- 11,735,567	- -	- -	11,007,650 11,735,567	11,007,650 11,735,567	- -

See independent auditor's report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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 MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOMENTIVE PERFORMANCE MATERIALS INC	D Employer Identification Number (EIN) 20-5748297	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	157,140,788
	b Actuarial value	2b	157,140,788
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	780	72,523,292
	b For terminated vested participants.....	508	19,918,598
	c For active participants	930	58,406,550
	d Total.....	2,218	150,848,440
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	5.66%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	3,414,146
	b Expected plan-related expenses	6b	1,937,000
	c Total (line 6a + line 6b)	6c	5,351,146

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	<div style="font-family: cursive; font-size: 1.2em;">DAVID M. HAUER</div> <div style="font-family: cursive; font-size: 1.5em;">DMH</div>	<div style="font-family: cursive; font-size: 1.2em;">OCTOBER 4, 2022</div>
	Signature of actuary	Date
	David M Hauer	2006576
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	216-937-4000
	Firm name	Telephone number (including area code)
	1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 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 ☐

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

Schedule SB (Form 5500) 2021 v. 201209

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.65%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,414,812
	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 <u>5.81%</u>		82,201
	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		1,497,013
	d Portion of (c) to be added to prefunding balance		1,497,010
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	1,497,010

Part III		Funding Percentages	
14	Funding target attainment percentage	14	103.16%
15	Adjusted funding target attainment percentage	15	104.15%
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	98.03%
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
Totals ▶			18(b)	0	18(c)
				0	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	0	
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 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	5,351,146	
b Excess assets, if applicable, but not greater than line 31a	31b	4,772,709	
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	578,437	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	578,437	578,437
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Momentive Performance Materials Inc.
EIN/PN	20-5748297/001
Plan Name	Momentive Performance Materials Inc. Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	David M. Hauer
Enrollment Number	20-06576

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2021

The 2020 Schedule SB as filed does not reflect the plan sponsor's election to apply the 15-year amortization provisions of the American Rescue Plan Act of 2021 to the 2020 plan year. As allowed by IRS Notice 2021-48, the plan sponsor chose not to refile the 5500 for the 2020 plan year to reflect that election. As a result of this decision, Line 11a of the 2021 Schedule SB will not match line 38a of the filed 2020 Schedule SB. Additionally, the calculations for line 11b cannot be derived based on the information shown in lines 38a and 38b of the filed 2020 Schedule SB.

Had the 2020 plan year Schedule SB been refiled, the 15-year amortization would have resulted in item 32a reflecting an installment of \$290,936. This change would have flowed into subsequent results for lines 34, 36, and 38.

Reflecting the updates above, line 38a would have been \$1,414,812 and line 38b would have been \$0 had the 2020 plan year SB been refiled.

Plan Name:	Momentive Performance Materials Inc. Pension Plan
EIN / PN:	20-5748297/001
Plan Sponsor:	Momentive Performance Materials Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical table with retirement as the only decrement, and then computing the average retirement age for the table.

Age of Retirement	Rates of Retirement	Percent Remaining	Percent Retiring	Weighted Ages
(A)	(B)	(C)	(D)	(A)*(D)
60	20.00%	100.00%	20.00%	12.0000
61	15.00%	80.00%	12.00%	7.3200
62	25.00%	68.00%	17.00%	10.5400
63	20.00%	51.00%	10.20%	6.4260
64	20.00%	40.80%	8.16%	5.2224
65	20.00%	32.64%	6.53%	4.2432
66	20.00%	26.11%	5.22%	3.4468
67	20.00%	20.89%	4.18%	2.7992
68	20.00%	16.71%	3.34%	2.2728
69	20.00%	13.37%	2.67%	1.8450
70	100.00%	10.70%	10.70%	7.4868
Retirement Age				63.60
Actives at Valuation Date				930

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Momentive Performance Materials, Inc.

Plan

Momentive Performance Materials, Inc. Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 29, 2007 and was most recently restated effective January 1, 2018. The last amendment reflected herein is Amendment 1, signed July 16, 2018.

Coverage and Participation

All transition employees from GE as of January 29, 2007 begin participation in the plan on January 29, 2007. Transition employees are individuals who participated in the GE Pension Plan as a GE employee on January 28, 2007 and became an employee of MPM on January 29, 2007. Participation for Salaried Exempt associates was frozen effective January 1, 2012. Participation for IUE Non-Grandfathered associates was frozen effective January 1, 2013. Participation for all other associates was frozen effective January 1, 2014.

If an associate is not a transition employee from GE, participation begins on the January 1 following date of hire.

Retirement Eligibility Dates

Normal First day of month following age 65.

Early First day of month following age 60.

The plan allows retirement prior to age 60 under limited conditions, as outlined below. Eligibility for these special features is subject to numerous special conditions; some of the key conditions are summarized below.

Special Early Retirement Option (SERO): Legacy Participants terminating on or before July 1, 2013, whose termination is due to an eligible permanent job loss event, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) on the date of the permanent job loss event

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Plant Closing Pension Option (PCPO): Legacy Participants terminating on or before July 1, 2013, whose termination is connected with an eligible plant closing, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) at the end of the calendar year of the plant closing.

SERO and PCPO benefits are extended indefinitely for Grandfathered IUE associates, Grandfathered Sistersville Union associates and Grandfathered NUNE associates. For Non-Grandfathered Sistersville Union associates the benefits were extended through July 31, 2014.

Deferred

Any time after normal retirement date; payments begin no later than the March 1 following the year the participant attains age 72.

Disability

Fifteen or more years of PQS and permanently disabled while an active associate participating in the MPM Pension Plan. For New Plan Participants, no disability pension is available for retirements that occur on or after age 60. Permanently disabled means permanently impaired and unable to perform present job or any other available MPM job for which the associate is reasonably suited by education, training or experience, as determined by the benefits administrator. For eligible recipients, payments generally begin six months after permanent disablement and are discontinued if associate regains work capacity.

Plan Name:	Momentive Performance Materials Inc. Pension Plan
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Plan Sponsor:	Momentive Performance Materials Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal (NRB)

Annual Benefit equal to (A) plus (B):

(A) Benefit as of December 31, 2007 equal to (i) minus (ii), such that:

(i) Greater of (a) and (b), such that:

(a) Future Service Annuity equal to (1) plus (2):

(1) GE January 28, 2007 Future Service Annuity - Frozen Future Service Annuity under the GE Pension Plan as of January 28, 2007. For associates who are not transition employees from GE, this amount is zero.

(2) Momentive 2007 Future Service Annuity - Annual benefit equal to 1.45% of associate's compensation (including compensation earned in the GE Pension Plan during 2007) earned in 2007 up to \$35,000, plus 1.90% of remaining compensation, less the 2007 Future Service Annuity accrual in the GE Pension Plan.

(b) Pre-2008 Guaranteed Pension - Eligible associates shall receive an additional pension, if any, which would be necessary to provide the minimum guaranteed pension described below.

If three-Year Average Annual Compensation as of December 31, 2007 is \$37,500 or less, minimum guaranteed pension payable per year of PBS earned prior to January 1, 2008 is \$33.00 per month.

For each full \$500 by which three-Year Average Annual Compensation as of December 31, 2007 exceeds \$37,001, the minimum guaranteed pension payable per year of PBS earned prior to January 1, 2008 is increased by \$0.50 per month, up to a total benefit unit of \$60.00.

(ii) GE January 28, 2007 Accrued Benefit - Accrued benefit as of January 28, 2007, under the GE Pension Plan (disregarding early retirement supplements and the Personal and Voluntary Pension Accounts). For associates who are not transition employees from GE, this amount is zero.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

**Normal (NRB)
(continued)**

- (B) Benefit earned on and after January 1, 2008 equal to the greatest of (i), (ii), or (iii), such that:
- (i) Final Average Pay Formula – Annual benefit equal to 1.1% of Average Annual Compensation up to Plan Covered Compensation plus 1.6% of remaining compensation, multiplied by PBS earned after December 31, 2007. Plan Covered Compensation is defined to be \$47,500 for 2008 through 2010, \$55,000 for 2011 through 2014 and \$65,000 for 2015. For IUE Grandfathered associates, Plan Covered Compensation is defined to be \$65,000 for 2014 through 2016, increasing by \$5,000 every successive contract period. For Grandfathered Sistersville Union associates, Plan Covered Compensation is defined to be \$65,000 for 2015 through 2016, increasing by \$5,000 every successive contract period. For Grandfathered
 - (ii) NUNE associates, Plan Covered Compensation is defined to be \$65,000 for 2015, increasing by \$5,000 on January 1, 2018 and then again every three years.
 - (iii) Special Alternate Pension, if eligible - For associates who are at least age 55 with at least 25 years of PQS as of January 1, 2007, (a) plus (b) below:
 - a. For calendar years 2008 through 2011, annual benefit equal to 1.45% of associate's compensation earned in each calendar year up to \$55,000, plus 1.90% of remaining compensation.
 - b. Annual benefit equal to 1.1% of five-Year Average Annual Compensation up to Plan Covered Compensation plus 1.6% of remaining five-Year Average Annual Compensation, multiplied by PBS earned after December 31, 2011. Average Annual Compensation and Plan Covered Compensation are defined as in NRB (B)(i).
 - (iv) Post-2007 Guaranteed Pension – For participants who terminate employment prior to 1/1/2011, annual benefit equal to \$45 per month for each year of PBS earned after December 31, 2007. For participants who terminate employment on or after January 1, 2011, annual benefit is equal to \$60 per month for each year of PBS earned after December 31, 2007.

Benefit accruals for Salaried Exempt associates were frozen as of August 31, 2012. Benefit accruals for IUE Non-Grandfathered associates were frozen as of December 31, 2013. Benefit accruals for Non-Grandfathered Sistersville Union associates were frozen as of December 31, 2014. Benefit accruals for Non-Grandfathered NUNE associates were frozen as of December 31, 2015.

Plan Name:	Momentive Performance Materials Inc. Pension Plan
EIN / PN:	20-5748297/001
Plan Sponsor:	Momentive Performance Materials Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Early (ERB)

■ Legacy participants

If hourly or non-exempt salaried and hired prior to 1/1/2011, unreduced pension payable as early as age 60, or upon SERO or PCPO if applicable.

If exempt salaried and hired prior to January 1, 2011, unreduced pension payable as early as age 60 for benefits earned under NRB (A) and reduced pension payable as early as age 60 for benefits earned under NRB (B), with a reduction equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS.

If hired on or after January 1, 2011, benefits are reduced 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS.

For transition employees from GE who retire prior to age 60, the pension payable prior to application of any early retirement reduction noted above is equal to an increasing pension as determined in NRB above, for which NRB (A)(ii) is set to zero, payable until age 60 and as determined in NRB above, with no adjustment to NRB (A)(ii), payable beginning at age 60. The associate may also elect to receive a level pension determined as actuarially equivalent to the aforementioned increasing pension. For this purpose, actuarial equivalence is based on 6.00% interest and the mortality table pursuant to Revenue Ruling 2001-62.

For associates with at least 5 years of PQS, a supplement of \$18.00 per month per year of PBS earned after January 28, 2007 is payable up to the age at which the participant is eligible for 80% of his Social Security benefits. This extension of supplements beyond age 62 applies for eligible retirements indefinitely for IUE Grandfathered, Sistersville Union Grandfathered and NUNE Grandfathered associates, on or before January 1, 2015 for Sistersville Union Non-Grandfathered associates and on or before January 1, 2016 for all other associates still accruing benefits as of January 1, 2014. For eligible retirements at later dates, this supplement is payable until age 62. This supplement is also payable to those who retire under SERO or PCPO; those who retire under the long-service security provisions may not receive this supplement before age 60. Salaried Exempt associates who retire after December 31, 2012, IUE Non-Grandfathered associates who retire after December 31, 2013, Sistersville Union Non-Grandfathered associates who retired after December 31, 2014 and NUNE Non-Grandfathered associates who retired after December 31, 2015 are no longer eligible for this supplement.

Plan Name:	Momentive Performance Materials Inc. Pension Plan
EIN / PN:	20-5748297/001
Plan Sponsor:	Momentive Performance Materials Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

- Legacy participants (continued)

If an associate with 25 years of service retires on or before August 1, 2014 in accordance with special eligibility rules, he receives an additional \$350 monthly supplement from retirement until the age at which he is eligible for 80% of his Social Security benefits. This supplement is also payable to those who retire under SERO or PCPO. If an associate is a transition employee from GE, this amount will be reduced by any Special Supplement payable under the GE Pension Plan. Salaried Exempt associates who retire after December 31, 2012, IUE Non-Grandfathered associates who retire after December 31, 2013, Sistersville Union Non-Grandfathered associates who retire after December 31, 2014 and NUNE Non-Grandfathered associates who retired after December 31, 2015 are no longer eligible for this Special Supplement.
- New plan participants

Reduced pension payable as early as age 60, with a reduction applicable to the benefit as determined in NRB above equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date.

This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS.

New Plan Participants are not eligible for supplements.

Deferred Determined as in NRB above.

Disability

- Legacy participants

Eligible disabled associates may receive a benefit determined as in NRB above, reduced for commencement prior to age 60. If hourly or non-exempt salaried and hired prior to January 1, 2011, the reduction for early commencement is 2% per year that payments begin prior to age 60 (maximum reduction of 12%). If exempt salaried, the reduction for early commencement for the benefit as determined in NRB (A) is 2% per year that payments begin prior to age 60 (maximum reduction of 12%), and the reduction for early commencement for the benefit as determined in NRB (B) is 25% plus 2% per year that payments begin prior to age 60 (maximum reduction of 37%). If hired on or after January 1, 2011, the reduction is 25% plus 2% per year that payment begin prior to age 62 (maximum reduction of 37%).

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

- New plan participants Eligible disabled associates may receive a benefit determined as in NRB above, reduced for commencement prior to age 60. The reduction for early commencement is 25% plus 2% per year that payments begin prior to age 60 (maximum reduction of 37%). New Plan Participants are not eligible for supplements.

Employee Contributions

No employee contributions are required or allowed under this plan.

Termination Benefits

Annual benefit determined as in NRB payable at retirement at or after age 60 if associate has at least five years of PQS at termination. For New Plan Participants and other Salaried Exempt associates, benefit is reduced as described in ERB (2) and ERB (1) Respectively if the benefit commences prior to age 65.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Death Benefits

Before retirement Benefits vary with age, marital status and employment status at time of death, as described in the table below. Benefits described are for active participants only; benefits for vested terminations may be different. Early commencement factors for death benefits are based on the age the employee would have attained upon commencement of the pre-retirement death benefit.

Death benefits do not include any early retirement supplements. Lump sum values of annual pension payable for five years, if applicable, include any additional benefits added to make up a guaranteed pension benefit in NRB (3).

- (1) Hourly and non-exempt salaried associates

Age at Death	Marital Status	Benefit
Less than 60	Single	Lump sum value of annual pension (reduced by 1% per year that payments begin prior to age 60 with a maximum reduction of 10% if hired before January 1, 2011, otherwise; reduced by 25% plus 1% per year that payment begin prior to age 60) as if payable for five years, and only payable if attained at least 15 years PQS prior to death.
Less than 60	Married	Choice of i. or ii. i. Monthly 50% spouse benefit deferred to 60. ii. Lump sum value equivalent to i.
Age 60 or later	Single	Lump sum value of annual pension as if payable for five years.
Age 60 or later	Married	Monthly immediate 50% spouse benefit.

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■ (2) Salaried
exempt
associates

Age at Death	Service at Death	Benefit
Less than 60	Single	<p>For New Plan Participants, lump sum value of annual pension (reduced by 25% plus 1% per year that payments begin prior to age 60, with a maximum reduction of 35%) as if payable for five years, and only payable if attained at least 15 years PQS prior to death.</p> <p>For Legacy Participants, lump sum value of annual pension as defined in NRB (A) (reduced by 1% per year that payments begin prior to age 60 with a maximum reduction of 10%) plus the lump sum value of annual pension defined in NRB (B) (reduced by 25% plus 1% per year that payments begin prior to age 60 with a maximum reduction of 35%), as if payable for five years, and only payable if attained at least 15 years PQS prior to death.</p>
Less than 60	Married	<p>Choice of i. or ii.</p> <p>i. Monthly 50% spouse benefit deferred to 60, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively.</p> <p>ii. Lump sum value equivalent to i.</p>
Age 60 or later	Single	Lump sum value of annual pension as if payable for five years, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively.
Age 60 or later	Married	Monthly immediate 50% spouse benefit, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively.

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After Retirement

- Single associates Basic form of benefit is payable for life with a five-year minimum.

- Married associates Unless waived by the associates with spousal consent, the benefit is payable as a 50% spouse option which provides a reduced amount to the associate of 93.5% of the benefit otherwise payable but with 50% of the reduced amount continued to the surviving spouse for life after the associate's death. The 93.5% factor is reduced (increased) by 0.5% for each full year in excess of two years by which the spouse is younger (older) than the associate and increased by 0.2% for each full year the associate's age at benefit commencement is less than age 60; the factor applied will not be less than 90% or more than 100%.

If the spouse predeceases the participant within the first five years after retirement, a fraction of the pension reduction for the spouse option is discontinued. The fraction discontinued depends upon the anniversary of effective date of survivorship option; 100% of reduction is discontinued if spouse dies within one year of effective date, reducing by 20% each year thereafter.

The minimum total payment is five times the associate's pension under the five-year certain form of payment in i. below.

Alternatively, with spouse consent, the associate may elect one of the following forms:

- i. Five-year certain and life annuity; or
- ii. 75% spouse option (available beginning January 1, 2008), which provides a reduced amount to the associate of 90% of the benefit otherwise payable but with 75% of the reduced amount continued to the surviving spouse for life after the associate's death. The 90% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the associate in excess of one year and reduced (increased) by 0.3% for each full year the associate's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98.5% but will not be less than the factor that pertains under the 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies; or

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- iii. For associates who are not disabled at retirement, 100% spouse option, which provides a reduced amount to the associate of 87% of the benefit otherwise payable but with 100% of the reduced amount continued to the surviving spouse for life after the associate's death. The 87% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the associate and reduced (increased) by 0.5% for each full year the associate's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98% but will not be less than the factor that would have applied to the 100% portion of the plan's former 50% / 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies.

Definitions

Compensation	Salary or wages, plus overtime, vacation pay, night shift bonus, cost-of-living adjustment, deferrals under IRC Sections 125 or 401(k) and a portion of eligible commissions and other approved compensation. Compensation is limited as prescribed by IRS rules.
Three-year average annual compensation	For purposes of determining the guaranteed pension benefit in NRB (A)(i)(b) above, average annual compensation is the average of compensation in the three full consecutive calendar years that are the highest during the last 10 completed calendar years before the associate's retirement. The calendar year of termination is not included unless termination date is December 31.
Five-year average annual compensation	For purposes of determining the final average pay benefit in NRB (B)(i) or NRB (B)(ii) above, average annual compensation is the average of compensation in the sixty full consecutive months that are the highest during the last 120 completed months before the associate's retirement. For this purpose, only compensation earned after December 31, 2007 should be considered.
PQS	Service for purposes of determining eligibility for pension benefits. For a full-time associate, one year of PQS is credited for each year in which the associate is credited with at least 1,000 hours of service while a participant in the MPM Pension Plan. For transition employees from GE, PQS earned as of January 28, 2007 under the GE Pension Plan is also included in PQS.

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PBS	Service for purposes of determining the amount of an associate's benefit. In simplified terms, it is equivalent to the associate's full and partial years of service while participating in the MPM Pension Plan.
New plan participant	Generally, for an associate who is not a transition associate from GE, a participant who is an exempt associate. For an associate who is a transition employee from GE, a participant hired after 2004 at GE who was an exempt associate.
Legacy participant	A participant who is not defined as a New Plan Participant.
IUE grandfathered participant	A participant who is a member of the IUE union as of December 31, 2013 and has attained age 50 and completed 10 years of PQS as of that date and made a choice election to continue accruing benefits in the Plan.
IUE non-grandfathered participant	A participant who is a member of the IUE union as of December 31, 2013 and does not meet the requirements of an IUE Grandfathered Participant as of that date.
Sistersville grandfathered participant	A participant who is a member of the Sistersville Union as of December 31, 2014 and has attained age 50 and completed 10 years of PQS as of that date.
Sistersville non-grandfathered participant	A participant who is a member of the Sistersville Union as of December 31, 2014 and does not meet the requirements of a Sistersville Grandfathered Participant as of that date.
NUNE grandfathered participant	A non-union, non-exempt participant as of December 31, 2015 and who has attained age 50 and completed 10 years of PQS as of that date and made a choice election to continue accruing benefits in the Plan.
NUNE non-grandfathered participant	A non-union, non-exempt participant as of December 31, 2015 and who does not meet the requirements of a NUNE Grandfathered Participant as of that date.

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Limitations

The IRC places certain limitations on the plan. In addition to the Compensation limit referenced above, there are limits on the annual benefit payable and on the amount of contributions that may be made by an employee to this and other qualified plans. These limits are determined each year by the IRS. In addition, supplements provided by the plan cannot exceed an employee's unreduced Social Security retirement benefit.

Benefits Not Valued

Benefits payable under the SERO and PCPO provisions are reflected in the valuation only to the extent those retirements have occurred as of the valuation date or there is a firm termination commitment made on or prior to the valuation date for retirement to occur under these provisions shortly after the valuation date.

Plan Summary

This description of the plan is provided for general information purposes only. It summarizes key features of the plan as it applies to active associates as of the valuation date. The complete terms of the plan are provided in the MPM Pension Plan document. Information concerning the plan, including benefits and vesting provisions, is also included in plan handbooks.

Changes Since Last Valuation

The Required Minimum Distribution age was increased from age 70.5 to age 72.

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Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2021

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	5	0	0	0	0	0	0	0	6
30-34	5	8	23	7	0	0	0	0	0	0	43
35-39	3	12	28	18	0	0	0	0	0	0	61
40-44	6	36	17	37	0	0	0	0	0	0	96
45-49	5	52	19	67	0	0	0	0	0	0	143
50-54	6	61	21	98	0	0	0	0	0	0	186
55-59	5	60	12	138	0	0	0	0	0	0	215
60-64	3	45	6	80	0	0	0	0	0	0	134
65-69	2	8	1	31	0	0	0	0	0	0	42
70 & over	2	1	0	1	0	0	0	0	0	0	4
Total	37	284	132	477	0	0	0	0	0	0	930

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

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MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Name of Plan sponsor:	Momentive Performance Materials Inc.
Employer identification number:	20-5748297
Three-digit plan number:	001

(a)	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of Investment	(d) Cost	(e) Fair Value
Collective Trusts				
*	Bank of New York Mellon	EB Temp Inv Fund	\$ 558,909	\$ 558,909
*	SEI	SEI Energy Debt CIT	6,300,000	7,276,613
*	SEI	SEI Structured Credit Collective Fund	6,300,000	9,914,800
*	SEI	SEI Special Situations CIT	6,300,000	8,801,893
*	SEI	SEI Global Private Assets IV CIT	3,091,415	5,878,401
Mutual Funds				
*	SEI	SEI Institutional Investment Trust- Large Cap Index Fund A	28,558,419	39,366,089
*	SEI	SEI Institutional Investment Trust- World Equity Ex-US F A	23,710,035	26,260,997
*	SEI	SEI Institutional Investment Trust- Emerging Markets Equity F	5,711,236	6,456,316
*	SEI	SEI Institutional Investment Trust- Long Duration Credit A	33,542,958	30,846,917
*	SEI	SEI Institutional Investment Trust- Intermediate Duration Credit A	8,761,238	8,414,338
*	SEI	SEI Institutional Investment Trust- Extended Markets Index Fund A	8,898,755	11,899,630
US Government Securities				
	US Treasury	US Treasury Bond Principal STRIP 5/15/2050	3,976,654	3,790,778
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2028	786,276	764,315
	US Treasury	US Treasury Bond Coupon STRIP 5/15/2031	2,512,991	2,446,586

* = Party-in-interest investment

(Continued)

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Name of Plan sponsor:	<u>Momentive Performance Materials Inc.</u>
Employer identification number:	<u>20-5748297</u>
Three-digit plan number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrower or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Fair Value
US Government Securities (Continued)				
US Treasury		US Treasury Bond Coupon STRIP 5/15/2036	\$ 2,081,542	\$ 1,993,602
US Treasury		US Treasury Bond Coupon STRIP 5/15/2041	949,470	<u>914,209</u>
Total Investments				<u>\$ 165,584,393</u>

* = Party-in-interest investment

See independent auditor's report.