

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** 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 PERIDOT CHEMICALS NEW JERSEY INC. NEWARK UNION EMPLOYEES' PENSION PLAN		1b Three-digit plan number (PN) ▶	003
		1c Effective date of plan	06/06/1966
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHEMTRADE CHEMICALS CORPORATION 90 EAST HALSEY ROAD PARSIPPANY, NJ 07054-3709		2b Employer Identification Number (EIN)	22-2689817
		2c Sponsor's telephone number	973-515-0900
		2d Business code (see instructions)	325900
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. GENERAL CHEMICAL CORPORATION 90 EAST HALSEY ROAD PARSIPPANY, NJ 07054-3709		3b Administrator's EIN	22-2689817
		3c Administrator's telephone number	973-515-0900
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	
5a Total number of participants at the beginning of the plan year.....		5a	61
b Total number of participants at the end of the plan year		5b	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	1
d(2) Total number of active participants at the end of the plan year.....		5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/13/2023	BRAMORA REBELLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	BRAMORA REBELLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2022)
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 472878. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	5337700	0
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	5337700	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)		
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-800099	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-800099
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	2192206	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	27534	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		2219740
i Net income (loss) (subtract line 8h from line 8c).....	8i		-3019839
j Transfers to (from) the plan (see instructions).....	8j	-2317861	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3H 1H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		20000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver.Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
CHEMTRADE CHEMICALS CORPORATION CONSOLIDATED PENSION PLAN	22-2689817	010

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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>PERIDOT CHEMICALS NEW JERSEY INC. NEWARK UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHEMTRADE CHEMICALS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-2689817</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>5337700</u>	
b Actuarial value	2b	<u>5163514</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>56</u>	<u>3626075</u>	<u>3626075</u>
b For terminated vested participants.....	<u>4</u>	<u>434130</u>	<u>434130</u>
c For active participants.....	<u>1</u>	<u>330909</u>	<u>330909</u>
d Total	<u>61</u>	<u>4391114</u>	<u>4391114</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	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	<u>5.24 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>34000</u>	
c Total (line 6a + line 6b)	6c	<u>34000</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>07/27/2023</u> Date
	<u>RODOLFO E. GARCIA</u> Type or print name of actuary	<u>23-07300</u> Most recent enrollment number
	<u>AON CONSULTING INC</u> Firm name	<u>973-463-6203</u> Telephone number (including area code)
	<u>MSC# 17457, AON, PO BOX 6718 SOMERSET, NJ 08875</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	679646
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	44281
9	Amount remaining (line 7 minus line 8)	0	635365
10	Interest on line 9 using prior year's actual return of <u>6.86</u> %	0	43586
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	678951

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.12 %
15	Adjusted funding target attainment percentage	15	117.59 %
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	99.27 %
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 70

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	34000
b Excess assets, if applicable, but not greater than line 31a	31b	34000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

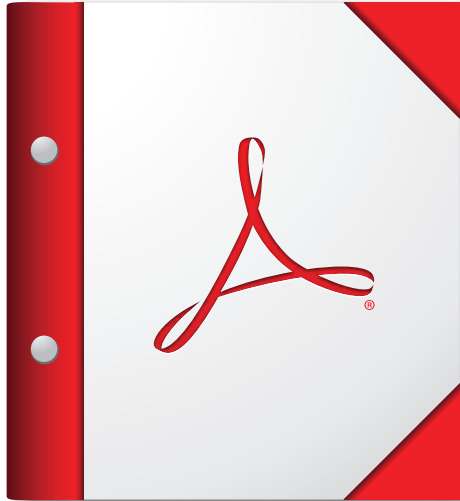
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021



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Schedule SB Attachment (Form 5500)—2022 Plan Year
 Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
 Plan
 EIN: 22-2689817 PN: 003

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

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

(1) Age	(2) Retirement Rate	(3) Expected retirements	(4) Weighted Age (1) x (3)
69	0.25	0.25	17.25
70	1.00	0.74	51.85
	Total	0.99	69.10
	Weighted Average		69.75

Schedule SB Attachment (Form 5500)—2022 Plan Year
Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
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Schedule SB, line 23—Information on Use of Multiple Sets of Mortality Tables

The 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are zero disabled lives in this population

Schedule SB Attachment (Form 5500)—2022 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on asset changed from 5.25% to 4.90% to better reflect anticipated future market experience and current asset allocation.

Since this change to non-prescribed assumption did not reduce funding standard either (1) by more than \$50 million or (2) reduce the Funding standard by more than the greater of \$5 million and 5% of the FT before change, IRS approval was not required

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
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Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

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

N-1

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
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 EIN: 22-2689817 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Optional Payment Form Election Percentage	40% life annuity 25% joint and 50% survivor annuity 10% joint and 75% survivor annuity 25% joint and 100% survivor annuity
Optional Payment Form Conversion Interest Rate	8.00%
Optional Payment Form Conversion Mortality	PUBLIC 1979GBB 1979 George B. Buck Mortality Table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2022 Plan Year
Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
Plan

EIN: 22-2689817 PN: 003

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse. Male employees are three years older than their spouses. Female employees are two years younger than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2020 Plan Year	6.50%, limited to 5.94%%
2021 Plan Year	5.25%
2022 Plan Year	4.90%
Trust Expenses Included in Target Normal Cost	\$34,000 Based on the prior year actual plan administrative expenses (excluding PBGC premiums) further adjusted for expected expense, plus the estimated PBGC premiums for the current year, rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
 Plan
 EIN: 22-2689817 PN: 003

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Peridot Chemicals New Jersey Inc. Newark Union Employees' Pension
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 EIN: 22-2689817 PN: 003

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
16	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
17	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
18	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
19	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
20	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
21	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
22	11.30%	11.30%	11.30%	11.30%	11.30%	11.30%
23	10.80%	10.80%	10.80%	10.80%	10.80%	10.80%
24	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
25	9.50%	9.50%	9.50%	9.50%	9.50%	9.50%
26	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%
27	8.30%	8.30%	8.30%	8.30%	8.30%	8.30%
28	7.80%	7.80%	7.80%	7.80%	7.80%	7.80%
29	7.30%	7.30%	7.30%	7.30%	7.30%	7.30%
30	7.30%	7.00%	7.00%	7.00%	7.00%	7.00%
31	7.30%	7.00%	6.50%	6.50%	6.50%	6.50%
32	7.30%	7.00%	6.50%	6.30%	6.00%	6.00%
33	7.30%	7.00%	6.50%	6.30%	6.00%	5.50%
34	7.30%	7.00%	6.50%	6.30%	6.00%	5.30%
35	7.30%	7.00%	6.50%	6.30%	6.00%	4.80%
36	7.30%	7.00%	6.50%	6.30%	6.00%	4.50%
37	7.30%	7.00%	6.50%	6.30%	6.00%	4.30%
38	7.30%	7.00%	6.50%	6.30%	6.00%	4.00%
39	7.30%	7.00%	6.50%	6.30%	6.00%	3.80%
40	7.30%	7.00%	6.50%	6.30%	6.00%	3.50%
41	7.30%	7.00%	6.50%	6.30%	6.00%	3.30%
42	7.30%	7.00%	6.50%	6.30%	6.00%	3.00%
43	7.30%	7.00%	6.50%	6.30%	6.00%	3.00%
44	7.30%	7.00%	6.50%	6.30%	6.00%	2.80%

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Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	7.30%	7.00%	6.50%	6.30%	6.00%	2.80%
46	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
47	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
48	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
49	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
50	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
51	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
52	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
53	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
54	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
55	7.30%	7.00%	6.50%	6.30%	6.00%	2.50%
56+	7.30%	7.00%	6.50%	6.30%	6.00%	0.00%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.04%	45	0.22%	0.34%
16	0.04%	0.04%	46	0.25%	0.37%
17	0.04%	0.04%	47	0.29%	0.41%
18	0.04%	0.04%	48	0.34%	0.46%
19	0.04%	0.04%	49	0.40%	0.51%
20	0.04%	0.04%	50	0.46%	0.56%
21	0.04%	0.04%	51	0.55%	0.62%
22	0.04%	0.04%	52	0.65%	0.68%
23	0.04%	0.04%	53	0.75%	0.75%
24	0.04%	0.04%	54	0.85%	0.82%
25	0.04%	0.04%	55	0.96%	0.89%
26	0.04%	0.05%	56	1.07%	0.96%
27	0.04%	0.05%	57	1.20%	1.04%
28	0.04%	0.05%	58	1.33%	1.12%
29	0.04%	0.05%	59	1.47%	1.19%
30	0.04%	0.06%	60	1.61%	1.27%
31	0.04%	0.06%	61	1.77%	1.34%
32	0.04%	0.07%	62	1.94%	1.41%
33	0.04%	0.08%	63	2.11%	1.47%
34	0.05%	0.09%	64	2.29%	1.52%
35	0.05%	0.10%	65+	0.00%	0.00%
36	0.06%	0.11%			
37	0.07%	0.13%			
38	0.08%	0.14%			
39	0.09%	0.16%			
40	0.11%	0.18%			
41	0.12%	0.21%			
42	0.14%	0.24%			
43	0.17%	0.27%			
44	0.19%	0.30%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date June 6, 1966.

Participation All employees of Peridot Chemicals (New Jersey), Inc.—Newark, upon completion of one year of eligibility service, are designated by the company as eligible to participate in the plan.

Effective March 31, 2007 the plant was closed.

Normal Retirement Eligibility Age 65.

Benefit The monthly normal retirement benefit is credited service earned during each of the following periods times the applicable multipliers for those periods:

Period	Amount
Prior to 06/09/1984	\$29.00
06/10/1984 to 06/05/1989	\$46.00
06/06/1989 to 12/31/2002	\$42.00
01/01/2003 to 12/31/2003	\$44.00
01/01/2004 to 12/31/2004	\$45.00
01/01/2005 and later	\$46.00

Early Retirement Eligibility Age 55 and 10 years of eligibility service. Age 55 for participants hired prior to June 10, 1993.

Benefit The monthly early retirement benefit is equal to the accrued normal retirement benefit reduced 4% per year that benefit payments precede age 65.

Termination Benefit Eligibility Three years of eligibility service.

Benefit The monthly termination benefit is equal to the accrued normal retirement benefit, commencing at age 65, or an equivalent actuarial value of the accrued benefit, commencing on or after age 55, multiplied by the following vesting percentages:

Years of Eligibility Service	Percentage
3	20%
4	40%
5	60%

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	6	80%
	7 and greater	100%

Preretirement Surviving Spouse Benefit Eligibility

Death of a member after meeting the eligibility requirements for either a terminated vested benefit or a normal retirement benefit and having not elected out of spouse's benefit coverage.

Benefit

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

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

Normal Form of Payment
 With Eligible Spouse

50% contingent annuitant option.

Without Eligible Spouse

Life annuity.

Optional Forms of Payment

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

Definitions

Credited Service

Starting June 9, 1984, any calendar year in which a participant works at least 1,950 hours as a union employee at the Newark Plant is counted as a full year toward credited service. A partial year of benefit is given if a participant works less than 1,950 hours. In addition, a participant receives benefit service for his continuous service prior to June 9, 1984 as a union employee at the Newark Plant.

Equivalent Actuarial Value

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
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early retirement benefit and of certain optional forms of
payment.

Eligibility Service

All service with the employer.

Plan Changes Since the Prior Year

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

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

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