

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): JOHNSON MATTHEY INC.
2b Employer Identification Number (EIN): 23-0411710
2c Plan Sponsor's telephone number: 610-971-3000
2d Business code (see instructions): 332900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include TOM ADAIR (plan administrator), KARIL BLACK WOLLITZ (employer/plan sponsor), and a row for DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1731
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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.....	6a(1)	482
	6a(2)	328
	6b	499
	6c	683
	6d	1510
	6e	114
	6f	1624
	6g(1)	
6g(2)		
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

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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>JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES 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>JOHNSON MATTHEY INC.</u>	D Employer Identification Number (EIN) <u>23-0411710</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>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>261177835</u>
	b Actuarial value	2b	<u>261177835</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>606</u>	<u>99762554</u>
	b For terminated vested participants	<u>649</u>	<u>64349335</u>
	c For active participants	<u>482</u>	<u>82557106</u>
	d Total	<u>1737</u>	<u>246668995</u>
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	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>870000</u>
	c Target normal cost	6c	<u>870000</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>04/01/2025</u>
	<u>VANESSA SOSKIND, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-06307</u>
	<u>MERCER</u>	Most recent enrollment number
	Firm name	<u>813-207-6306</u>
	<u>3031 N ROCKY POINT DRIVE WEST SUITE 700 TAMPA, FL 33607</u>	Telephone number (including area code)
	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)	53669340	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1726461	
9	Amount remaining (line 7 minus line 8)	51942879	0
10	Interest on line 9 using prior year's actual return of <u>-0.51</u> %	-264909	0
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>4.80</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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)	51677970	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.75 %
15	Adjusted funding target attainment percentage	15	105.66 %
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	108.37 %
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		
07/03/2023	0	17141					
			Totals ▶	18(b)	0	18(c)	17141

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: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 63

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 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	870000
b Excess assets, if applicable, but not greater than line 31a	31b	0

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	870000
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	870000	0	870000

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

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON MATTHEY INC.	D Employer Identification Number (EIN) 23-0411710	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 17 38 50 64 70	NONE	803881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) 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 25 28 31 50 60 61 62 71 72	NONE	195632	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MORGAN, LEWIS & BOCKIUS LLP

2222 MARKET STREET
PHILADELPHIA, PA 19103-3007

(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?
29 50	NONE	12220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JOHNSON MATTHEY INC.	D Employer Identification Number (EIN) 23-0411710	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL LT CREDIT BIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63961042
a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL BROAD MKT SIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-106	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	EB TEMP INV FD VAR RT 12/31/49 F CL		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	98795325
a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL INT CREDIT BIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL LGUS T-STRIPS BIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-336	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL LT GOVT BIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-063	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25775498
a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM-M DB SL INT GOVT BIF		
b Name of sponsor of entity listed in (a):	BNY MELLON, N.A.		
c EIN-PN 25-6078093-061	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38763972

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)

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>	
A Name of plan <u>JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES 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>JOHNSON MATTHEY INC.</u>	D Employer Identification Number (EIN) <u>23-0411710</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	53144	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	261141081	227295837
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	261194225	227295837
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	261194225	227295837

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4115980
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4115980

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36804627	
(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)		36804627
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	31832	
(5) Investment advisory and investment management fees.....	2i(5)	195632	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	803881	
(8) Legal fees.....	2i(8)	12220	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	166176	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1209741
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		38014368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-33898388
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
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	
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?		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?		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		
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		
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533229.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>JOHNSON MATTHEY INC. AMENDED AND RESTATED SALARIED EMPLOYEES 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>JOHNSON MATTHEY INC.</u>	D Employer Identification Number (EIN) <u>23-0411710</u>	

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	<u>0</u>
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): <u>25-1880033</u>		
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	<u>81</u>

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 7.1% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 92.2%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.7% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

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

Financial Statements and
ERISA-Required Supplemental Schedules
As of June 30, 2024 and 2023
and for the Years Then Ended

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of June 30, 2024 and 2023 and for the Years Then Ended

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

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Independent Auditors' Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Johnson Matthey Inc. Amended and Restated Salaried Employees 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), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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 (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits 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 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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, which raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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 GAAP.

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 GAAP.

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 Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2024 and schedule of reportable transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

Philadelphia, Pennsylvania
April 15, 2025

Financial Statements

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2024	2023
Assets		
Investments		
Common collective trusts	\$ 227,295,837	\$ 261,141,081
Receivables		
Participant contributions receivable	-	53,144
Net Assets Available for Benefits	\$ 227,295,837	\$ 261,194,225

See accompanying notes to financial statements.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended June 30,</i>	2024	2023
Contributions		
Employer contributions	\$ -	\$ 4,790,000
Participant contributions	-	505,322
Total Contributions	-	5,295,322
Net appreciation (depreciation) in fair value of common collective trusts	4,115,980	(1,426,884)
Benefits paid to participants and beneficiaries	(36,804,627)	(40,068,606)
Administrative expenses	(1,209,741)	(741,128)
Net Decrease	(33,898,388)	(36,941,296)
Net Assets Available for Benefits, beginning of year	261,194,225	298,135,521
Net Assets Available for Benefits, end of year	\$ 227,295,837	\$ 261,194,225

See accompanying notes to financial statements.

Johnson Matthey Inc. Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

1. Description of Plan

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

General

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

Effective June 30, 2023, the Plan was amended to freeze the Plan in preparation for termination and to incorporate prior amendments. On May 13, 2024, the Company passed a resolution to terminate the Plan effective June 30, 2024. Participants became 100% vested in their accounts as of the termination date.

Trustee and Administration of the Plan

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

Eligibility

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

Contributions and Participant Accounts

The Plan required employee contributions, as of April 1, 2014, for participants who were employed by the Company and actively earning an accrued benefit under the Plan. Participants were required to contribute 1.5% of their payroll on an after tax-basis to the Plan each payroll period. As a result of the Company amending the Plan document on March 28, 2023, no participant contributions were required or permitted after June 30, 2023.

An Employee Contribution Account will be maintained for each participant and is credited with the participant's contributions made prior to July 1, 2023 and an annual credit of interest. Participants are always 100% vested in their employee contribution account.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

Pension Benefits

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

The Plan also permits early retirement, which can be subject to a reduced benefit depending on the participant's age and years of service, as defined in the Plan Document. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contribution. The employee will be entitled to receive the value within their employee contribution account. Benefits for unmarried participants are payable monthly with sixty months guaranteed; for married participants benefits are generally in the form of a qualified joint-and-survivor annuity.

Effective March 31, 2023, benefit accruals were frozen with respect to any participant who elected, prior to January 31, 2014, to participate in the non-elective contribution portion of the Johnson Matthey Salaried Employees Savings Investment Plan in lieu of continuing to participate in the Plan and make required participant contributions. Effective June 30, 2023, the Plan was amended to freeze all future benefit accruals and discontinue participant contributions.

Death and Disability Benefits

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

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Benefit Investment Committee determines the Plan's valuation policies utilizing information provided by its investment adviser and custodian. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company pays some of the administrative costs of the Plan associated with professional services provided to the Plan, the balance being paid directly by the Plan. Expenses that are paid by the Company are excluded from these financial statements. Administrative expenses recorded in the Plan may include professional fees, investment fees and the insurance premiums for the Pension Benefit Guaranty Corporation.

3. Funding Policy for Company Contributions

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

Employer contributions to the Plan are made monthly on the basis of actuarial calculations of the normal cost and required amortization payments and are sufficient to satisfy funding requirements under applicable federal income tax regulations and ERISA. The Plan has met or exceeded the minimum funding requirements of ERISA for both Plan years. The Company made employer contributions of \$4,790,000 to the Plan for the year ended June 30, 2023. There were no employer contributions made to the Plan for the year ended June 30, 2024.

4. Certified Investment Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at June 30, 2024 and 2023 and net appreciation (depreciation) in fair value of common collective trusts for the years ended June 30, 2024 and 2023, was obtained by management and agreed or derived from information certified as complete and accurate by Bank of New York Mellon/BNY Mellon, N.A., a qualified institution.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Accounting Standards Codification (ASC) 820, *Fair Value Measurements* are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The investments in the common collective trusts are valued at net asset value (NAV) per unit, as determined by the trustee at year end. The NAV is used as the practical expedient to estimate fair value. There have been no changes in the methodology used at June 30, 2024 and 2023.

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

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

The following tables summarize investments measured at fair value based on NAV per share as of June 30, 2024 and 2023, respectively.

<i>June 30, 2024</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Temporary Investment Fund	\$ 98,795,325	N/A	Daily	Daily
Long Term Credit Bond Index Fund	63,961,042	N/A	Daily	Daily
Long Term Government Bond Index Fund	25,775,498	N/A	Daily	Daily
Intermediate Government Bond Index Fund	38,763,972	N/A	Daily	Daily

<i>June 30, 2023</i>	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Temporary Investment Fund	\$ 1,991,250	N/A	Daily	Daily
Intermediate Credit Bond Index Fund	5,025,736	N/A	Daily	Daily
Long Term Credit Bond Index Fund	194,277,501	N/A	Daily	Daily
Broad Market Stock Index Fund	18,574,358	N/A	Daily	Daily
Long U.S. Treasury STRIPS Index Fund	41,272,236	N/A	Daily	Daily

The Plan has common collective trust investments with The Bank of New York Mellon. These funds are direct filing entities.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on a benefit formula including the years of credited service, the final average monthly earnings and the social security breakpoint. The benefit formula, as of April 1, 2014, will include an actuarial equivalent value of the employee contribution account. The accumulated plan benefits for active employees are based on the benefit formula for normal retirement using the final average monthly earnings and years of credited service up until the date the benefit accruals were frozen on July 30, 2023. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

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

The significant actuarial assumptions used in the valuation as of July 1, 2023 were as follows:

Discount rate	-	4.90%
Mortality - Healthy	-	Pri-2012 employee/annuitant, sex-distinct mortality tables with no collar adjustment, projected generationally using scale MP-2021.
Mortality - Disabled	-	Pri-2012 disabled, sex-distinct mortality table, projected generationally using scale MP-2021
Retirement age	-	Based on the probabilities below, applied to the remaining employees eligible for retirement at the age indicated.

Retirement Rate

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

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuation been performed as of June 30, there would be no material differences.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

A summary of the actuarial present value of accumulated plan benefits as of July 1, 2023, the date of the latest actuarial valuation, is as follows:

July 1, 2023

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits	
Participants currently receiving payments	\$ 186,914,141
Other participants	67,581,613
<hr/>	
Total vested benefits	254,495,754
Nonvested benefits	435,002
<hr/>	
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 254,930,756

A summary of the change in the accumulated plan benefits from July 1, 2022 to July 1, 2023 is as follows:

Actuarial present value of accumulated plan benefits at July 1, 2022	\$ 320,182,242
Increase (decrease) during the year attributable to:	
Benefits accumulated	12,252,276
Benefits paid	(40,068,606)
Increase from interest due to the decrease in the discount period	11,043,701
Change in actuarial assumptions	(47,090,088)
Change in Plan provisions	(1,388,769)
<hr/>	
Actuarial present value of accumulated plan benefits at July 1, 2023	\$ 254,930,756

The change in actuarial assumptions in the July 1, 2023 valuation relates to the increase in the discount rate and changes to the interest rate on participant contributions and lump sum interest rates and mortality.

7. Plan Termination and Subsequent Event

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the assets of the Plan would be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations, thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Notes to Financial Statements

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

On May 13, 2024, as described in Note 1, the Company resolved to terminate the Plan effective June 30, 2024. Though the resolve was made to terminate the Plan, the decision was reversible and formal plans for the termination were in preliminary discussions as of June 30, 2024. As a result, the Plan's financial statements will be on a liquidation basis beginning with the June 30, 2025 Plan year.

8. Tax Status

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related-Party and Party In Interest Transactions

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

10. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

11. Subsequent Events

The Plan has evaluated subsequent events through April 15, 2025, the date the financial statements were available to be issued. See Note 7 regarding Plan termination.

ERISA-Required Supplemental Schedules

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Schedule of Assets (Held at End of Year) as of June 30, 2024
Employer Identification Number: 23-0411710 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value**		Cost	Current Value
Common collective trusts:				
* BNY Mellon	EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00		\$ 93,352,960	\$ 98,795,325
* BNY Mellon	BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND		38,048,435	38,763,972
* BNY Mellon	BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND		26,610,168	25,775,498
* BNY Mellon	BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND		74,878,547	63,961,042
			\$ 232,890,110	\$ 227,295,837

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

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

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Employer Identification Number: 23-0411710 Plan Number: 001

(a) Identity of Party Involved*	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Single Security Transactions Exceeding 5% of Plan Assets:							
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	\$ 14,100,000	\$ -	\$ -	\$ 14,100,000	\$ 14,100,000	\$ -
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	14,100,000	-	14,100,000	14,100,000	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	14,379,470	-	-	14,379,470	14,379,470	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	14,379,470	-	14,379,470	14,379,470	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	25,900,000	-	-	25,900,000	25,900,000	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	14,100,386	-	-	14,100,386	14,100,386	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	26,534,349	-	-	26,534,349	26,534,349	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	14,379,470	-	-	14,379,470	14,379,470	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	28,000,000	-	-	28,000,000	28,000,000	-
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	14,000,000	-	-	14,000,000	14,000,000	-
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	18,200,000	-	21,744,394	18,200,000	(3,544,394)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	17,000,000	-	19,347,145	17,000,000	(2,347,145)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	39,100,000	-	44,939,940	39,100,000	(5,839,940)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	39,000,000	-	45,112,989	39,000,000	(6,112,989)
BNYM-M DB SL BROAD MARKET STOCK INDEX FUND	Common collective trust	-	18,944,304	-	9,254,079	18,944,304	9,690,225
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	14,100,000	-	19,287,079	14,100,000	(5,187,079)
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	14,379,470	-	20,238,576	14,379,470	(5,859,106)
Series of Reportable Security Transactions Exceeding 5% of Plan Assets:							
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	37,625,352	-	-	37,625,352	37,625,352	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	37,625,352	-	37,625,352	37,625,352	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	136,566,698	-	-	136,566,698	136,566,698	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	-	40,203,918	-	40,203,918	40,203,918	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	45,300,000	-	-	45,300,000	45,300,000	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	-	7,275,000	-	7,251,565	7,275,000	23,435
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	-	2,025,000	-	2,089,832	2,025,000	(64,832)
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	28,700,000	-	-	28,700,000	28,700,000	-
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	134,825,000	-	157,129,340	134,825,000	(22,304,340)
BNYM-M DB SL BROAD MARKET STOCK INDEX FUND	Common collective trust	-	18,944,304	-	9,254,079	18,944,304	9,690,225
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	40,079,470	-	54,870,514	40,079,470	(14,791,044)
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	1,700,000	-	-	1,700,000	1,700,000	-

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

Schedule SB, line 26 — Schedule of Active Participant Data

Distribution of frozen active participants as of July 1, 2023

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34	1	10	1								12
35–39	2	23	14	5	3						47
40–44		17	18	11	12	5					63
45–49	1	8	12	19	21	20	6				87
50–54	1	9	7	12	21	10	15	2			77
55–59	1	9	3	8	26	15	14	8	5		89
60–64		5	1	23	20	10	6	5	10	1	81
65–69		1		3	8	3	2	1	1		19
70 & up		1		1		3		1		1	7
Total	6	83	56	82	111	66	43	17	16	2	482

In each cell, the number is the count of active participants for each age/service combination. Average accrued benefit is not shown for plans with less than 1,000 actives.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for July 1, 2023 funding valuation**

Discount rate sponsor elections	
Segment rates or full yield curve	Full Yield Curve
Mortality sponsor elections	
<ul style="list-style-type: none"> Healthy and disabled participants 	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021.
Other economic assumptions	
<ul style="list-style-type: none"> Salary increases 	N/A
<ul style="list-style-type: none"> Social Security wage base 	N/A
<ul style="list-style-type: none"> Inflation 	2.20% per year
<ul style="list-style-type: none"> Interest on employee contributions 	120% of the Federal Mid-term Rate, 4.62% for 2023
<ul style="list-style-type: none"> Expenses 	\$870,000 added to current year normal cost
<ul style="list-style-type: none"> Lump sums <ul style="list-style-type: none"> Interest Mortality 	Same as funding 2023 417(e) unisex mortality

Rationale for economic assumptions

- Discount rate – Selected by Johnson Matthey Inc. from one of the allowable methods prescribed by The Pension Protection Act.
- Interest on employee contributions – This assumption is based on 120% of the Federal Mid-term rate as of the valuation date as prescribed by the IRS.
- Inflation – This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- Expenses – The expense load is based on the prior plan year actual expenses, less PBGC premiums paid, increased by 5% and adjusted for expected PBGC premiums in the upcoming year and rounded up to the nearest \$10,000.
- Lump sums - Liabilities are determined based on the underlying annuity used by the Plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and the current year 417(e) unisex mortality. For 2023, the funding interest rates are the full yield curve.

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

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

• Retirement age	Percentage				
	Attained age	< 15 Years of Service	15+ Years of Service		
	55	5%	2%		
	56	5%	2%		
	57	5%	2%		
	58	5%	2%		
	59	5%	7%		
	60	5%	7%		
	61	10%	10%		
	62	10%	25%		
	63	10%	5%		
	64	10%	30%		
	65	25%	30%		
	66	25%	30%		
	67	25%	60%		
	68	25%	60%		
	69	25%	60%		
	70	100%	100%		
• Benefit commencement age for					
— Future vested deferred	65 (50% assumed to receive immediate lump sum)				
— Current vested deferred	65 (62 if eligible for unreduced benefits)				
• Spouse assumptions	Male participants		Female participants		
— Percentage married	90%		60%		
— Spouse age difference	2 years younger		2 years older		
Form of payment - males and females	Life annuity with 60 months guaranteed	Joint and survivor 75%	Joint and survivor 50%	Deferred lump sum	Immediate lump sum
• Active retirements	25%	25%	0%	N/A	50%
• Future vested deferred	7.5%	7.5%	0%	15%	70%
• Future disabilities	100%	0%	0%	0%	0%
• Future deaths	0%	0%	100% ¹	0%	0%
• Current vested deferred	25%	25%	0%	50%	0%
Unpredictable contingent event assumptions	Not applicable				

¹ Retirement eligible actives are valued with a Joint and 100% Survivor annuity.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Contribution strategy assumptions where different from Funding Valuation**

- | | |
|----------------------------------|---|
| • Healthy participant mortality | Pri-2012 employee/annuitant, sex-distinct mortality tables with no collar adjustment, projected generationally using scale MP-2021. Mortality for current survivors is based on the Pri-2012 contingent spouse, sex-distinct mortality with no collar adjustment, projected generationally using scale MP-2021. |
| • Disabled participant mortality | Pri-2012 disabled, sex-distinct mortality table, projected generationally using scale MP-2021. |

Table of sample rates

Attained age	Percentage			
	Withdrawal	Salary increases	Disability incidence	
			Male	Female
20	8.90%	7.15%	0.02%	0.02%
25	6.60%	6.55%	0.03%	0.04%
30	4.60%	5.95%	0.04%	0.07%
35	3.90%	5.35%	0.06%	0.11%
40	3.60%	4.75%	0.10%	0.17%
45	3.20%	4.15%	0.17%	0.26%
50	2.90%	3.55%	0.29%	0.44%
55	2.60%	2.95%	0.59%	0.78%
60	2.30%	2.35%	1.03%	0.95%
65	1.90%	1.75%	0.00%	0.00%
70	0.00%	0.00%	0.00%	0.00%

Rationale for demographic assumptions

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

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

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

Actuarial methods for funding

Asset methods

The asset valuation method is the fair market value.

Participant methods

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

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

- The Plan's **target normal cost** is the sum of the individual target normal costs, and the Plan's **funding target** is the sum of the individual funding targets for all participants under the Plan.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Employer Identification Number: 23-0411710 Plan Number: 001

(a) Identity of Party Involved*	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Single Security Transactions Exceeding 5% of Plan Assets:							
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	\$ 14,100,000	\$ -	\$ -	\$ 14,100,000	\$ 14,100,000	\$ -
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	14,100,000	-	14,100,000	14,100,000	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	14,379,470	-	-	14,379,470	14,379,470	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	14,379,470	-	14,379,470	14,379,470	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	25,900,000	-	-	25,900,000	25,900,000	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	14,100,386	-	-	14,100,386	14,100,386	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	26,534,349	-	-	26,534,349	26,534,349	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	14,379,470	-	-	14,379,470	14,379,470	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	28,000,000	-	-	28,000,000	28,000,000	-
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	14,000,000	-	-	14,000,000	14,000,000	-
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	18,200,000	-	21,744,394	18,200,000	(3,544,394)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	17,000,000	-	19,347,145	17,000,000	(2,347,145)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	39,100,000	-	44,939,940	39,100,000	(5,839,940)
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	39,000,000	-	45,112,989	39,000,000	(6,112,989)
BNYM-M DB SL BROAD MARKET STOCK INDEX FUND	Common collective trust	-	18,944,304	-	9,254,079	18,944,304	9,690,225
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	14,100,000	-	19,287,079	14,100,000	(5,187,079)
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	14,379,470	-	20,238,576	14,379,470	(5,859,106)
Series of Reportable Security Transactions Exceeding 5% of Plan Assets:							
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	37,625,352	-	-	37,625,352	37,625,352	-
BNY MELLON CASH RESERVE - 0.100% 12/31/2049 DD 06/26/97	Common collective trust	-	37,625,352	-	37,625,352	37,625,352	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	136,566,698	-	-	136,566,698	136,566,698	-
EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00	Common collective trust	-	40,203,918	-	40,203,918	40,203,918	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	45,300,000	-	-	45,300,000	45,300,000	-
BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND	Common collective trust	-	7,275,000	-	7,251,565	7,275,000	23,435
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	-	2,025,000	-	2,089,832	2,025,000	(64,832)
BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND	Common collective trust	28,700,000	-	-	28,700,000	28,700,000	-
BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND	Common collective trust	-	134,825,000	-	157,129,340	134,825,000	(22,304,340)
BNYM-M DB SL BROAD MARKET STOCK INDEX FUND	Common collective trust	-	18,944,304	-	9,254,079	18,944,304	9,690,225
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	-	40,079,470	-	54,870,514	40,079,470	(14,791,044)
BNYM-I DB SL LONG US TREASURY STRIPS INDEX FUND	Common collective trust	1,700,000	-	-	1,700,000	1,700,000	-

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

► **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 JOHNSON MATTHEY, INC. AMENDED AND RESTATED SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHNSON MATTHEY, INC.	D Employer Identification Number (EIN) 23-0411710	
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>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	261,177,835
	b Actuarial value.....	2b	261,177,835
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	606	99,762,554
	b For terminated vested participants.....	649	64,349,335
	c For active participants.....	482	82,557,106
	d Total.....	1,737	246,668,995
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	5.22%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses.....	6b	870,000
	c Target normal cost.....	6c	870,000

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

SIGN HERE	Signature of actuary VANESSA SOSKIND, ASA, EA, MAAA Type or print name of actuary	<u>04/01/2025</u> Date <u>2306307</u> Most recent enrollment number <u>813-207-6306</u> Telephone number (including area code)
	MERCER Firm name	

3031 N ROCKY POINT DRIVE WEST
 SUITE 700
 TAMPA FL 33607
 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).....	53,669,340	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	1,726,461	
9	Amount remaining (line 7 minus line 8).....	51,942,879	0
10	Interest on line 9 using prior year's actual return of <u>-0.51%</u>	-264,909	0
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>4.80%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		
	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).....	51,677,970	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	84.75 %
15	Adjusted funding target attainment percentage.....	15	105.66 %
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	108.37 %
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
07/03/2023	0	17,141			
Totals ▶			18(b)	0	18(c) 17,141

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: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 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	870,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

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	870,000
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....	870,000	0
		Total balance
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	
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

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

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

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

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

EIN/PN: 23-0411710/001

Valuation Date: 07/01/2023

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	773,021	1,442,853	10,552,609	12,768,483
2024	1,387,420	1,815,244	9,308,785	12,511,449
2025	1,979,212	2,063,665	9,091,253	13,134,130
2026	2,580,383	2,311,314	8,858,359	13,750,056
2027	3,149,276	2,860,605	8,613,852	14,623,733
2028	3,690,424	3,091,208	8,353,482	15,135,114
2029	4,162,164	3,320,385	8,081,256	15,563,805
2030	4,623,789	3,625,525	7,795,292	16,044,606
2031	5,026,226	3,795,012	7,493,680	16,314,918
2032	5,401,049	4,058,107	7,173,245	16,632,401
2033	5,728,868	4,205,515	6,846,410	16,780,793
2034	5,990,419	4,314,884	6,507,790	16,813,093
2035	6,255,796	4,502,670	6,158,526	16,916,992
2036	6,496,718	4,745,805	5,800,062	17,042,585
2037	6,667,196	4,811,894	5,434,212	16,913,302
2038	6,865,940	4,985,997	5,063,080	16,915,017
2039	7,042,818	5,158,090	4,689,040	16,889,948
2040	7,197,341	5,225,032	4,314,694	16,737,067
2041	7,289,123	5,209,663	3,942,770	16,441,556
2042	7,313,181	5,242,325	3,576,117	16,131,623
2043	7,379,158	5,313,688	3,217,665	15,910,511
2044	7,355,088	5,305,607	2,870,352	15,531,047
2045	7,240,676	5,308,846	2,537,070	15,086,592
2046	7,115,220	5,242,847	2,220,603	14,578,670
2047	6,980,049	5,145,697	1,923,527	14,049,273
2048	6,773,963	4,979,284	1,648,173	13,401,420
2049	6,546,690	4,816,080	1,396,496	12,759,266
2050	6,311,330	4,608,861	1,169,862	12,090,053
2051	6,038,165	4,427,267	968,935	11,434,367
2052	5,750,645	4,203,277	793,604	10,747,526
2053	5,433,254	3,969,011	643,065	10,045,330
2054	5,103,869	3,718,962	515,929	9,338,760
2055	4,766,765	3,467,995	410,321	8,645,081
2056	4,426,462	3,218,315	324,010	7,968,787
2057	4,087,662	2,976,299	254,553	7,318,514
2058	3,755,294	2,736,589	199,458	6,691,341
2059	3,430,789	2,504,919	156,307	6,092,015
2060	3,117,141	2,282,352	122,864	5,522,357
2061	2,816,398	2,069,856	97,148	4,983,402
2062	2,530,124	1,868,088	77,468	4,475,680
2063	2,259,524	1,677,759	62,428	3,999,711
2064	2,005,499	1,499,045	50,914	3,555,458
2065	1,768,580	1,332,073	42,062	3,142,715
2066	1,549,092	1,176,836	35,213	2,761,141
2067	1,347,155	1,033,210	29,878	2,410,243
2068	1,162,721	900,996	25,695	2,089,412
2069	995,579	779,955	22,393	1,797,927
2070	845,344	669,811	19,771	1,534,926
2071	711,482	570,279	17,676	1,299,437
2072	593,304	481,060	15,987	1,090,351

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

Effective date and plan year	Original plan: July 1, 1950 Restated plan: July 1, 2018 Plan year: July 1 to June 30
Most recent amendment	Amendment 2023-1, which froze the Plan effective June 30, 2023 and fully vested all accrued benefit as of that date
Status of the Plan	The Plan is frozen to future accruals effective June 30, 2023.
Significant events that occurred during the year	N/A

Definitions

• Eligibility	Each employee of a participating location hired before September 1, 2013 will be eligible on the first day of the employment year in which he/she is paid for at least 1,000 hours. Employees hired on or after September 1, 2013, including rehired employees, will not be eligible to participate in this plan.
• Employee contributions	Contributions were required of all participants until April 1, 1974. Under the Choice Program, effective April 1, 2014, participants who elected to continue accruing benefits and service in the Pension Plan are required to contribute 1.5% of cash compensation (excluding bonuses and overtime) to do so. Contributions are discontinued for all participants effective June 30, 2023.
• Vesting service	Vesting Service is based on plan years with 1,000 hours with no partial credit for less than 1,000 hours except as noted in the Credited service section below. Effective for severance periods that begin after December 31, 2017, participants do not earn vesting service while receiving severance payments.
• Credited service	For Employees hired before September 1, 2013, any period of employment as an Employee of a Participating Employer. Prior to July 1, 1982, service is measured in years and completed months of elapsed time. After June 30, 1982, a full Year of Credited Service is earned for each year a participant is credited with 2,080 hours. Partial credit is given in one-month increments during any year that a participant is credited with less than 2,080 hours. Alfa division employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and February 13, 1989 through the earlier of their date of termination and September 30, 2015. SMA employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and February 13, 2001. Pharm-Eco employees receive Vesting Service from their original date of hire and benefit service from the later of their date of hire and April 20, 2001. CMC employees receive Vesting Service and benefit service from their original date of hire. Synetix employees receive Vesting Service and benefit service from their original date of hire. (Service prior to November 1, 2002 is based on the provisions of the ICI Americas Pension Plan.)

Schedule SB, Part V — Summary of Plan Provisions

	<p>JM Vehicle Testing and Development employees receive Vesting Service from the later of their date of hire and February 3, 1999 and benefit service from April 1, 2005.</p> <p>Lancaster Labs employees receive vesting and benefit service from the later of their date of hire and October 1, 2004.</p> <p>Quest TruTec employees receive vesting and benefit service from the later of their date of hire and April 21, 2006.</p> <p>Argillon employees receive Vesting Service from the later of their date of hire and February 6, 2008 and benefit service from the later of their date of hire and April 1, 2009.</p> <p>For participants who elected to switch to the new DC Plus Plan, effective April 1, 2014, Credited Service is frozen as of March 31, 2014.</p> <p>Employees rehired on or after September 1, 2013 who previously had accrued a benefit under the Plan will not be eligible to earn Credited Service for benefit accrual purposes after rehire. They will, however, earn Vesting Service.</p> <p>Effective for severance periods that begin after December 31, 2017, participants do not earn credited service while receiving severance payments.</p> <p>Credited service is frozen for all employees effective June 30, 2023.</p>
<ul style="list-style-type: none"> Final average monthly earnings 	<p>Average of the cash compensation (excluding bonuses and overtime) received for the highest 60 consecutive months. For non-highly compensated Synetix employees, cash compensation included bonuses and overtime until October 31, 2006.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Final Average Earnings is frozen as of March 31, 2014.</p> <p>Final Average Earnings is frozen for all participants effective June 30, 2023.</p>
<ul style="list-style-type: none"> Social Security Breakpoint 	<p>\$916.67 times the ratio of the Social Security Taxable Wage Base for the year of termination, divided by the Social Security Taxable Wage Base for 1982 (which is \$32,400).</p> <p>The Social Security Taxable Wage for the year of termination is based on a weighted average of the current and preceding year’s Social Security Taxable Wage Base.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Social Security Breakpoint is frozen as of March 31, 2014.</p> <p>For all other participants, the Social Security Breakpoint is frozen effective June 30, 2023.</p>
<ul style="list-style-type: none"> Accrued benefit 	<p>Amount earned to date of determination based on benefit formula for Normal Retirement (using Final Average Monthly Earnings and Years of Credited Service at date of determination). The Accrued Benefit is increased by the benefit attributable to the value of any employee contributions made prior to April 1, 1974.</p> <p>For participants making employee contributions after March 31, 2014, the accrued benefit cannot be less than (a) + (b) + (c) below, where:</p> <ul style="list-style-type: none"> a) Accrued benefit as of March 31, 2014; b) Accumulated employee contributions with interest through termination date, converted to a life annuity with 60 months guaranteed; and c) 50% of the benefit accrued after March 31, 2014 <p>Accrued benefits are frozen effective June 30, 2023.</p>

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	Retirement on the first day of the month coincident with or following attainment of age 65 and completion of five years of Vesting Service.
• Benefit	<ul style="list-style-type: none"> • 1.4% x Years of Credited service (35-year maximum) x final average monthly earnings up to the Social Security Breakpoint; plus • 1.7% x Years of Credited service (35-year maximum) x final average monthly earnings in excess of the Social Security Breakpoint; plus • 1.7% x Years of Credited service over 35 (5-year maximum) x final average monthly earnings <p>For Syntex employees who were participants of the ICI Americas Pension Plan, the benefit for service prior to November 1, 2002 is determined under the terms of the ICI Americas Pension plan.</p> <p>For non-highly compensated Syntex employees, the Johnson Matthey portion of the benefit cannot be less than the benefit accrued under the Johnson Matthey plan formula through October 31, 2006, but using the ICI Americas Pension Plan definition of pay.</p> <p>For participants who elected to switch to the new DC Plus Plan effective April 1, 2014, Normal Retirement Benefit is frozen as of March 31, 2014. The Normal Retirement Benefit is frozen for all participants effective June 30, 2023.</p>
Early retirement	
• Eligibility	Retirement on the first day of any month coincident with or following attainment of age 55 and completion of five years of Vesting service.
• Benefit	<p>If the Participant has less than 15 years of Vesting service, Accrued benefit to date of termination is reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months of early commencement. If a Participant has 15 or more years of Vesting service at the time of termination and is age 55 or older, unreduced benefits are payable at age 62. If a Participant has at least 15 years of Vesting service at the time of termination and is age 55 or older, the Accrued benefit is reduced by 1/240 for each of the first 60 months and 1/150 for each of the next 24 months of early commencement.</p> <p>For participants with less than 15 years of vesting service, the accrued benefit is reduced from age 65. For participants with 15 or more years of vesting service, the accrued benefit is reduced from age 62.</p> <p>For certain Syntex employees, the early retirement reduction under the ICI Americas Pension Plan provisions applies to benefits accrued prior to October 31, 2006, if more favorable than the Johnson Matthey plan provisions.</p>
Late retirement	
• Eligibility	Retirement after attainment of normal retirement age.
• Benefit	Accrued benefit as of late retirement date.
Deferred vested	
• Eligibility	Termination after completion of at least five years of Vesting service.
• Benefit	<p>Accrued benefit payable at Normal Retirement Date or reduced for early commencement after age 55.</p> <p>Participant may elect immediate payment within 120 days of termination as either a lump sum, annuity in the normal form, or as a 75% J&S. This last</p>

Schedule SB, Part V — Summary of Plan Provisions

option is only available for married participants with their spouse as the beneficiary.

Participants who elect to defer commencement beyond the 120-day period following termination of employment can commence anytime following the attainment of age 55 and all optional forms are available at that time.

Benefits commencing prior to age 65 are reduced as follows:

For annuity starting dates prior to July 1, 2017, on an actuarial equivalent basis from age 65 using UP84 mortality and an 8.0% interest rate.

For annuity starting dates on and after July 1, 2017, on an actuarial equivalent basis from age 65 using the applicable mortality table specified under section 417(e)(3)(B) of the code and the applicable interest rates specified under section 417(e)(3)(C) of the code for the March immediately preceding the plan year in which payments begin. Under no circumstance will the early retirement benefit be less than the benefit accrued through December 31, 2017 (or termination date, if earlier) reduced using the actuarial basis described immediately above.

Disability

- **Eligibility** Retirement due to disability (as determined by the Committee on basis of independent medical evidence) after completion of at least 10 years of Vesting Service.
- **Benefit** Continued benefit accruals until Normal Retirement Date. Employee may elect to commence a benefit after attainment of age 55 with applicable reduction for early retirement.

Pre-retirement death

- **Eligibility prior to early retirement** Participant vested in Accrued Benefit and married for at least one year.
- **Benefit prior to early retirement** Annuity payable to participant’s spouse equal to 50% of the benefit the employee would have received had the employee terminated the day before his/her death, retired when first eligible for early retirement, and elected the Joint & 50% Survivor option. If participant had employee contributions, they will be paid with interest to the beneficiary.
- **Eligibility after early but before normal retirement** Participant eligible for early retirement, not yet receiving a benefit; married for at least one year.
- **Benefit after early but before normal retirement** Annuity payable to participant’s spouse equal to 100% of the benefit the employee would have received had the employee retired on the day before his/her death and elected the Joint & 100% Survivor option. If a participant had employee contributions, they will be paid with interest to the beneficiary.

Form of benefits

- **Automatic form for unmarried participants** Life Annuity with 60 months guaranteed.
- **Automatic form for married participants** Joint and 50% Survivor Annuity (actuarially reduced).
- **Optional forms** Life annuity;
 Life annuity with 60 or 120 months guaranteed;
 Joint and 50%, 66 2/3%, 75%, or 100% Survivor annuity;
 Unlimited lump-sum payment.
 Syntex employees who were participants of the Unichema pension plan may elect a full lump-sum payment for benefits accrued prior to October 31, 2006.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	For annuities with Annuity Start Dates prior to July 1, 2017 - UP84 mortality with three-year setback for beneficiaries and 8.0% interest. For all lump sums and annuities with Annuity Start Dates on or after July 1, 2017– 417(e) interest rates for the month of March preceding the plan year in which the payment is made and the applicable 417(e) mortality table.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2023/2024, the limit is \$330,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023/2024, the limit is \$265,000.
• Funding medium	Master trust fund with Mellon Capital Management Corporation.

Benefits included or excluded

Unless noted below, all benefits provided by the Plan, as restated effective July 1, 2018 are included in this valuation.

- **Most recent plan amendments included:** Amendment 2023-1 (which froze benefit accruals as of June 30, 2023).
- Plan amendments excluded: None.
- Late retirement increases:
 - *Active participants:* The Plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70 ½.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the Plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Plan provisions specific to funding****Additional benefits included or excluded**

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

Plan provision changes since prior valuation

- The Plan freeze was first recognized as of the March 31, 2023 measurement date for IAS 19R and is being recognized for the first time in the July 1, 2023 valuation for funding and ASC 960 accounting purposes.
- Maximum benefit amounts under IRS rules were updated from 2022 to 2023.

Johnson Matthey Inc.
Amended and Restated Salaried Employees Pension Plan

Schedule of Assets (Held at End of Year) as of June 30, 2024
Employer Identification Number: 23-0411710 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value**		Cost	Current Value
Common collective trusts:				
* BNY Mellon	EB TEMPORARY INVESTMENT FUND VAR RT 12/31/49 FEE CL 00		\$ 93,352,960	\$ 98,795,325
* BNY Mellon	BNYM-M DB SL INTERMEDIATE GOVERNMENT BOND INDEX FUND		38,048,435	38,763,972
* BNY Mellon	BNYM-M DB SL LONG TERM GOVERNMENT BOND INDEX FUND		26,610,168	25,775,498
* BNY Mellon	BNYM-M DB SL LONG TERM CREDIT BOND INDEX FUND		74,878,547	63,961,042
			\$ 232,890,110	\$ 227,295,837

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

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

Schedule SB, line 24 — Change in Actuarial Assumptions

- Lump sum mortality was updated to 2023 417(e) unisex mortality.
- The expense component of normal cost decreased from \$970,000 to \$870,000 to reflect our expectations for the current plan year.
- The interest rate on employee contributions increased from 3.59% to 4.62%.