

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>DORF KETAL CHEMICALS LLC 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DORF KETAL CHEMICALS LLC</u></p> <p><u>11490 WESTHEIMER RD</u> <u>SUITE 300</u> <u>HOUSTON, TX 77077</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2022</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>31-1790136</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>713-343-2320</u></p> <p><b>2d</b> Business code (see instructions) <u>325900</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/22/2025	ARIADNE FOURNIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	254
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	219
	<b>6a(2)</b>	229
	<b>6b</b>	0
	<b>6c</b>	37
	<b>6d</b>	266
	<b>6e</b>	0
	<b>6f</b>	266
	<b>6g(1)</b>	174
<b>6g(2)</b>	193	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET  
MAIL ZONE O3N  
SMITHFIELD, RI 02917

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE  
SUITE 500  
CHICAGO, IL 60606

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

INVESCO

1555 PEACHTREE STREET NW  
1800  
ATLANTA, GA 30309

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET  
DENVER, CO 80206

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

NUVEEN INVESTMENTS

333 W. WACKER DR  
CHICAGO, IL 60606

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

PRINCIPAL FUNDS DISTRIBUTOR, INC.

1100 INVESTMENT BLVD  
STE. 200  
EL DORADO HILLS, CA 95762

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

STATE STREET GLOBAL MARKETS

81-4095974

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

T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

VANGUARD

455 DEVON PARK DRIVE  
WAYNE, PA 19087

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

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

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**(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)

ADP, INC.

13-3036745

(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?
37 50 15 64 26 49 99	RECORD KEEPER	57846	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>DORF KETAL CHEMICALS LLC 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DORF KETAL CHEMICALS LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1790136</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INVESCO STABLE ASSET - ADPZ</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>INVESCO TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>27-3884161-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>942500</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DORF KETAL CHEMICALS LLC 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DORF KETAL CHEMICALS LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>31-1790136</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	98152
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	567560
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6491254
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	236477
		942500
		9045155

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7156966	10224132
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7156966	10224132

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	707287	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1401220	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	943015	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3051522
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	12193	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12193
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	282577	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		282577
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		19902
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		589981
<b>c</b> Other income .....	<b>2c</b>		1
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3956176

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	802221	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		802221
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		28942
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	57847	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		57847
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		889010

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3067166
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**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: CALVETTI FERGUSON

(2) EIN: 13-4255527

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>DORF KETAL CHEMICALS LLC 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>DORF KETAL CHEMICALS LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1790136</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 57-1198022

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% 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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

**PUTNAM FIDUCIARY TRUST COMPANY  
INVESTMENT FUNDS FOR  
PENSION AND PROFIT SHARING TRUSTS**

**PARTICIPATION AGREEMENT**

This PARTICIPATION AGREEMENT is made by and between Putnam Fiduciary Trust Company (“PFTC”), as trustee (in such capacity, the “Trustee”) of the Putnam Fiduciary Trust Company Investment Funds for Pension and Profit Sharing Trusts (the “Group Trust”), and the fiduciary executing this Participation Agreement (“Fiduciary”) on behalf of the Dorf Ketal Chemicals LLC 401(k) Plan (the “Prospective Trust”).

**RECITALS**

A. PFTC maintains the Group Trust (including each separate collective investment fund established as a “Fund”) under the Declaration of Trust, as of March 31, 2008, including each Offering Statement and Investment Characteristics, as applicable, and all other attachments thereto, as amended and in effect from time to time (the “Declaration of Trust”), as a medium for the collective investment of tax-qualified retirement trusts and certain eligible governmental plans (defined as “Qualified Trusts” in the Declaration of Trust).

B. The employer listed on the Account Information form attached hereto (together with any of its affiliates that participate in the Plan, the “Employer”) maintains the Prospective Trust, which forms part of one or more retirement plans (each such plan is hereinafter referred to as the “Plan” and all such plans are hereinafter referred to as the “Plans”) subject, as applicable, to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) or to applicable state law, for the benefit of the eligible employees of the Employer and their beneficiaries.

C. Under the Declaration of Trust, the Trustee has established certain Funds identified on Schedule A attached hereto and may in the future establish additional investment funds in accordance with the terms and conditions set forth in the Declaration of Trust.

D. Fiduciary has authority to direct investments or select or designate investment options for the Prospective Trust and each Plan, and desires that each Fund specified on Schedule A attached hereto and such additional Funds as may hereafter be added to this Participation Agreement by written agreement (which may be effected through electronic means) of the Fiduciary and the Trustee (the “Designated Funds” and each the “Designated Fund”) be made available as investments or investment option(s) of each Plan in accordance with this Agreement.

E. PFTC desires to accept the Prospective Trust (including each Plan forming a part thereof) as a “Participating Trust” (as defined in the Declaration of Trust) of each Designated Fund either by direct investment in the Designated Fund or by investment through a separate account maintained by an insurance company (an “insurance separate account”) that invests in the Designated Fund, subject to the terms and conditions of this Participation Agreement. For clarity, the term “Prospective Trust” is used herein with respect to the period of time before acceptance, and “Participating Trust” refers to the same trust after acceptance.

## **AGREEMENT**

In consideration of the foregoing and the promises set forth below, the parties agree as follows:

### **1. Appointment and Acceptance**

Fiduciary hereby appoints PFTC as managing agent of the Prospective Trust with respect to such assets of the Prospective Trust that may from time to time be invested in any Designated Fund including an investment in a Designated Fund through an insurance separate account. Notwithstanding the foregoing, PFTC may appoint agents and independent contractors, which may be affiliates of PFTC, to assist PFTC in the performance of its duties hereunder and delegate all or part of its duties and obligations to any such agents or independent contractors, provided that PFTC shall not be relieved of its liabilities with respect to any such duties or obligations so delegated. PFTC hereby accepts such appointment as managing agent and agrees that it will be a fiduciary of the Plan with respect to such assets to the extent they are invested in any Designated Fund.

### **2. Acceptance of Participating Trust**

PFTC hereby accepts the Prospective Trust as a Participating Trust of each Designated Fund (hereinafter, the "Participating Trust") as of the date specified on the signature page below, which is a Valuation Date of such applicable Designated Fund. Fiduciary from time to time shall direct the transfer of Participating Trust assets to PFTC for investment in the Designated Fund(s) in accordance with any applicable procedures for additions to such applicable Designated Fund as may be adopted from time to time by PFTC (including any other procedures that may be set forth in separate agreements, as well as procedures established by the Trustee in its sole discretion and provided to Fiduciary from time to time), and Fiduciary agrees that each representation and warranty of Fiduciary set forth in this Participation Agreement shall be deemed to be remade and repeated as of the date of any such transfer. The Participating Trust's participation in each Designated Fund will at all times be subject to the terms of the Declaration of Trust, which is hereby adopted as a part of the Participating Trust and this Participation Agreement. In the event of any conflict between this Participation Agreement and the Declaration of Trust with respect to the Participating Trust's investment in any Designated Fund, the Declaration of Trust shall control.

### **3. Warranties, Representations, and Covenants of Fiduciary**

(a) Fiduciary warrants and represents to, and covenants with, PFTC and the Fund as follows:

(i) the Prospective Trust constitutes or is part of one or more Plans, each Plan is a retirement plan of the Employer, and no portion of any Plan or the Prospective Trust includes assets of a "deemed individual retirement account," or "deemed IRA," described in Section 408(q) of the Code;

(ii) the Prospective Trust either (as specified in the Account Information form attached hereto):

(A) is a qualified trust, exempt from taxation under Section

501(a) of the Internal Revenue Code of 1986, as amended (the “Code”), by reason of qualifying under Section 401(a) of the Code; or

(B) is either (1) an eligible governmental plan trust or custodial account under Section 457(b) of the Code that is exempt from taxation under Section 457(g) of the Code or (2) a government plan described in Section 401(a)(24) of the Code that is not subject to Federal income taxation (in each case, a “Governmental Plan”); or

(C) is a plan described in section 1022(i)(1) of ERISA that is exempt from income tax under the laws of the Commonwealth of Puerto Rico; or

(D) is a common, collective or commingled trust fund which consists solely of assets of plans described in (A), (B) or (C) above, and is exempt from Federal income taxation under Section 501(a) of the Code by reason of qualifying as a “group trust” under Revenue Ruling 81-100 (1981-1 C.B. 326) (as amended and supplemented from time to time, and any successor ruling thereto) (“Revenue Ruling 81-100”).

(iii) if the Prospective Trust covers one or more self-employed individuals within the meaning of Section 401(c)(1) of the Code (a “Keogh Plan”), the Prospective Trust satisfies the applicable requirements of the Securities Act of 1933, as amended from time to time, and Rule 180 of the Securities and Exchange Commission thereunder, or any successor ruling, regulation, or similar pronouncement, regarding participation by such trust in a collective investment trust;

(iv) each Plan forming part of the Prospective Trust is established, maintained and administered under one or more documents (or, in the case of a Governmental Plan, under one or more documents or under statutes or regulations) that authorize part or all of the assets of the Prospective Trust to be transferred to, and commingled for investment purposes in, a group trust that meets the requirements of Revenue Ruling 81-100;

(v) each Plan forming part of the Prospective Trust is established, maintained and administered under a governing document (or, in the case of a Governmental Plan, under one or more documents or under statutes or regulations) that expressly and irrevocably provides that it is impossible for any part of the corpus or income of such Plan to be used for, or diverted to, purposes other than for the exclusive benefit of its participants and their beneficiaries;

(vi) with respect to any insurance company separate account that invests in the Designated Fund(s): (i) all assets of such separate account consist solely of assets of “group trust retiree benefit plans” as defined under Revenue Ruling 2011-1 and as modified by Revenue Ruling 2014-24 (and as amended and supplemented from time to time, and any successor ruling thereto); (ii) no part of the corpus or income of any of the interests of such group trust retiree benefit plans in the separate account shall be used for, or diverted to, any purpose other than for the exclusive benefit of the plan participants and their

beneficiaries; and (iii) the assets of the separate account are insulated from the claims of the insurance company's general creditors;

(vii) (A) the Declaration of Trust (including each Designated Fund) is adopted as part of the Prospective Trust and each Plan; and

(B) if and to the extent that assets of any Designated Fund are invested in interests in any collective investment trust (other than the Group Trust and the Funds) that is exempt from tax under the Code or applicable Internal Revenue Service rulings and regulations under Revenue Ruling 81-100 and Section 401(a)(24) of the Code (each an "Other Collective Trust"), each such Other Collective Trust (and the instruments pursuant to which such Other Collective Trust is established) is also adopted as part of the Prospective Trust and each Plan;

(viii) the Participating Trust signatory acting as the Fiduciary pursuant to Section 402(c)(3) of ERISA (to the extent applicable to the Prospective Trust) either (A) is a "named fiduciary" (within the meaning of Section 402(a)(2) of ERISA), a duly authorized agent thereof acting at the direction thereof, or a discretionary trustee pursuant to Section 403(a) of ERISA, in each case with authority under the governing documents of the Prospective Trust to appoint the Trustee as contemplated hereby and enter into the terms of this Participation Agreement, (B) in the case of a Governmental Plan, has the authority under the governing documents of the Prospective Trust or under statutes or regulations to appoint the Trustee as contemplated hereby, or a duly authorized agent thereof, or (C) has been properly directed to sign this Participation Agreement by the person referred to in clause (A) or (B) of this paragraph (vii);

(ix) the execution and delivery of this Participation Agreement by the Fiduciary has been duly authorized, and this Participation Agreement constitutes the valid and binding agreement of the Prospective Trust, enforceable against the Prospective Trust in accordance with its terms and any approval, authorization or license from any foreign, federal, state or local regulatory authority or agency required on the part of the Prospective Trust has been obtained and any necessary filing with any of the foregoing has been duly made;

(x) the obligations of the Fiduciary and the Prospective Trust hereunder do not conflict with any applicable provision of its organizational or governing documents or any agreement to which it is subject and do not contravene any applicable law or regulation;

(xi) if the Plan or Plans forming the Prospective Trust are not "eligible individual account plans" within the meaning of Section 407(d)(3) of ERISA, not more than 10 percent of the assets of the Prospective Trust (excluding for all purposes of such calculation the assets of the Prospective Trust that are invested in the Designated Funds) are or will be invested in "employer securities," as such term is defined in Section 407 of ERISA;

(xii) if the employer that sponsors the Plan or Plans is a municipal entity such as a state or local government or an agency or instrumentality thereof, employer contributions (if any) in the Plan, to the extent invested in the Funds, do not and will not include the Proceeds of Municipal Securities. "Proceeds of Municipal Securities" means monies derived by a municipal entity (such as a state or local government) from the sale of municipal securities, investment income derived from the investment or reinvestment of such monies, or monies of a municipal entity held in funds under legal documents for the municipal securities that are reasonably expected to be used as security or a source of payment for the payment of the debt service on the municipal securities, including reserves, sinking funds, and pledged funds created for such purpose, and the investment income derived from the investment or reinvestment of monies in such funds, but does not include monies that have been spent to carry out the authorized purposes of municipal securities. Employee contributions including salary reduction arrangements are not Proceeds of Municipal Securities. Employer contributions to a public retirement plan that invests in the Funds, such as a state or local plan, generally are not likely to constitute Proceeds of Municipal Securities unless the municipal entity sponsoring the plan still has the ability to use those monies (after making the employer contribution) for purposes other than paying benefits under the plan documents, or separately tracks any employer contributions to the plan on an ongoing basis as proceeds of municipal securities, rather than accounting for them as part of the overall assets of the plan. In the event of any question, the Fiduciary should consult its own advisors as to whether Proceeds of Municipal Securities are or will be present before making this representation;

(xiii) neither PFTC nor any advisor or consultant retained by PFTC, or any agent of, or independent contractor for, PFTC retained to solicit participants in the Funds or provide recordkeeping or omnibus account services (each, a "Solicitor"), has acted (or will act) as a fiduciary (as defined in Section 3(21)(A) of ERISA, whether or not ERISA is applicable to the Prospective Trust), and no Solicitor has paid any consideration to any Fiduciary or any of its affiliates, with respect to the decision to invest any assets of the Prospective Trust in any Designated Fund, to select any Designated Fund as an investment option available under the Prospective Trust or to continue any such investment or selection in the future;

(xiv) all directions and instructions given by the Fiduciary, or by the Prospective Trust's participants and beneficiaries or any other person, if applicable, to the Trustee, or any agent of, or independent contractor for, the Trustee, shall comply with the terms of the Prospective Trust, this Agreement, any other agreements applicable to the Participating Trust, ERISA and all other applicable law; and

(xv) The Fiduciary is the sole party who has the power to appoint or terminate PFTC pursuant to this Agreement or to negotiate the terms of this Agreement. The Fiduciary and the Employer are not "affiliates" (within the meaning of Section VI(c) of ERISA Prohibited Transaction Exemption 84-14, as amended from time to time) of any broker, dealer, swap dealer, bank, insurance company or other financial firm that acts as a financial counterparty or offers investment products or services to investment accounts and managers such as the Fund and PFTC. In the event that this representation becomes untrue, Fiduciary will promptly notify PFTC and the Fund.

(b) Fiduciary hereby acknowledges and warrants and represents to, and covenants with, PFTC and the Fund as follows:

(i) it is an “Investing Fiduciary” as defined in the Declaration of Trust;

(ii) it has considered appropriate factors in connection with participation in each Designated Fund (including, without limitation, the overall diversification of the investment portfolio and the prudence of participating in the Designated Funds) and has determined that, in view of such considerations, the participation by the Prospective Trust in each Designated Fund is consistent with the fiduciary responsibilities of the Fiduciary under ERISA or state law, as applicable. Fiduciary hereby further acknowledges to the Trustee that the Prospective Trust holds assets in other investments that are not part of any Designated Fund and agrees that the Trustee has no responsibility for the overall diversification of the Prospective Trust (or any Plan therein) or for the prudence of participating in the Designated Fund(s) in relation to the total portfolio of the Prospective Trust; and

(iii) the Trustee has not acted (and will not act) as a fiduciary (as defined in Section 3(21) of ERISA, to the extent ERISA is applicable to the Participating Trust) with respect to the decision to participate in any Designated Fund, to allocate assets of the Prospective Trust to any Designated Fund, or to continue any such investment in the future (together, “Putnam-Related Decisions”). Fiduciary acknowledges that PFTC intends to rely on the exemption for “independent fiduciaries with financial expertise” provided in the Department of Labor’s Regulation §2510.3-21 (the “Fiduciary Rule”) with respect to any investment-related or other information provided by PFTC or its Putnam affiliates in connection with the decision to invest in any Designated Fund or enter into this Participation Agreement, and represents, acknowledges and agrees that:

(A) If the total assets for the Plan along with any other assets under the management or control of the Fiduciary as of the date hereof totals \$50 million or more, the Fiduciary is acting as an independent fiduciary of the Plan as defined under paragraph (c)(1) of the Fiduciary Rule, is capable of independently evaluating investment risks both in general and with regard to Plan investment options, including the Designated Fund(s), and is responsible for exercising independent judgment with regard to Plan investment options, services and transactions;

(B) The investment advisor(s)/consultant(s) (“Plan Advisor”) for the Plan reflected in PFTC’s records (to the extent it is a different entity than Fiduciary) is acting as an independent fiduciary of the Plan as defined under paragraph (c)(1) of the Fiduciary Rule, is capable of independently evaluating investment risks both in general and with regard to Plan investment options, including the Designated Fund(s), and is responsible for exercising independent judgment with regard to Plan investment options, services and transactions; and

(iv) PFTC and its Putnam affiliates are not undertaking to provide impartial investment advice in a fiduciary capacity to the Fiduciary, the Plan Advisor or any other plan fiduciary in connection with those parties' Putnam-Related Decisions, and do not earn a fee directly from any party for providing such advice.

(c) Fiduciary acknowledges the following: it has received a copy of the Declaration of Trust, Offering Statement and Investment Characteristics, as applicable, for each Fund (with all other attachments thereto), each of which is hereby incorporated by reference; it has had adequate opportunity to review its terms with its legal counsel (having been granted access to all information regarding the Funds that it has requested); it has sufficient knowledge, sophistication and experience in financial and business matters as to be capable of evaluating the merits and risks of an investment in the Funds; and it has not relied upon the Group Trust, the Funds, the Trustee, PFTC (except to the extent expressly agreed to in writing by PFTC), or any affiliate, agent or independent contractor of, or investment adviser to, the Trustee or PFTC in connection with the Funds or any employees, officers, principals or agents thereof or of any of the foregoing for any investment, tax, ERISA, or other legal or financial advice in connection with the acquisition of Units of the Designated Fund(s). The Fiduciary understands and acknowledges that the Fund documents, including the Declaration of Trust and Offering Statement, are provided at [www.putnam.com/dcio/erisa](http://www.putnam.com/dcio/erisa).

(d) Fiduciary understands that the Trustee will vote (or may retain an affiliate to vote) proxies issued by companies whose securities are owned by the Funds and that the Trustee's policy is to seek to vote all proxies and that all voting be recorded in accordance with its (or its affiliate's, as the case may be) proxy voting policy, although the Trustee may solicit recommendations from advisors or sub-advisors which it retains with respect to a Designated Fund. The Trustee agrees to provide Fiduciary with a copy of the Trustee's (or its affiliate's, as the case may be) proxy voting policy upon request.

(e) Fiduciary understands the following: (i) the Units of the Designated Fund(s) have not been registered under the Securities Act of 1933, as amended (the "1933 Act"), or the applicable securities laws of any states or other jurisdictions, and participants are not entitled to the protections of the 1933 Act; (ii) neither the Group Trust nor any Fund is registered under the Investment Company Act of 1940, as amended (the "1940 Act"), or other applicable law, and participants are not entitled to the protections of the 1940 Act; (iii) the Units of the Designated Fund(s) are not insured by the FDIC or any other governmental agency, are not covered by any other type of deposit insurance, and are not deposits of, or guaranteed by, PFTC or any other bank; and (iv) the Designated Fund(s) may, in addition to investing in securities and money market instruments, also invest in futures contracts, security futures contracts or products, derivatives, and other similar investments, and the Trustee of the Designated Fund(s) has claimed an exclusion from the definition of the term "commodity pool operator" under the Commodity Exchange Act, as amended (the "Commodity Act"), pursuant to Rule 4.5 of the Commodity Act, and therefore the Trustee is not subject to registration or regulation as a "commodity pool operator" under the Commodity Act. No assurance has or can be given that the Designated Funds will achieve their investment objectives. Investments in the designated Funds are subject to various risks and the value of investments in the Designated Funds will fluctuate in value.

(f) To the extent the Prospective Trust is participant-directed, Fiduciary has communicated or will communicate all material information regarding each Designated Fund to all participants in the Prospective Trust having a beneficial interest in such Designated Fund, including, without limitation, the information required by 29 C.F.R. § 2550.404a-5, and the Trustee has no responsibility for any communication to participants in the Prospective Trust.

(g) Reserved.

(h) Fiduciary, on behalf of the Prospective Trust, has completed and executed the Account Information Form in the form attached hereto as Appendix I (which is incorporated herein) and will execute, deliver, acknowledge and file any and all further documents and provide any and all further information (including, without limitation, copies of the organizational instruments of the Prospective Trust, the most recent determination letter issued by the Internal Revenue Service with respect to the Plan or Plans, current financial information and a list of employer securities with respect to each Plan) which the Trustee may deem necessary or appropriate in connection with the Prospective Trust's investment in any Designated Fund. Further, the Fiduciary will notify, either directly or through its recordkeeper, PFTC of the initial fund line-up and any changes to the fund line-up during the term of this Agreement.

(i) Fiduciary also represents and agrees that either (i) the Prospective Trust does not offer competing investment options to the Putnam Stable Value Fund (hereinafter "Fund") as defined by the Offering Statement and Investment Characteristics, as applicable, for the Fund, as amended from time to time (the "Investment Characteristics"), which are incorporated herein by reference; or (ii) the Prospective Trust does offer competing funds, but during the term of this Agreement, participants may not transfer assets from the Fund to such competing fund until 90 days have elapsed since such amounts were transferred out of the Fund. For purposes of this Agreement, competing investment options shall be determined by PFTC in its sole discretion. Without limiting the foregoing, competing investment options have been defined by PFTC generally to include self-directed brokerage accounts and fixed income funds of short duration (generally less than 3 years) such as money market funds and short-term bond funds.

(j) Fiduciary agrees promptly to notify the Trustee in the event that any of the representations set forth above or any information provided pursuant to the provisions hereof ceases to be accurate during the term of this Participation Agreement. Until such notice is actually received by the Trustee (or until the Trustee has actual knowledge thereof), the Trustee may rely on the representations contained in, and all other information provided pursuant to or as contemplated by, this Agreement in connection with all matters related to the Designated Funds and the Group Trust (including without limitation in connection with Class eligibility and signature authorizations).

(k) Fiduciary acknowledges that the Funds are intended to be long-term investment vehicles and are not designed to provide investors with a means of speculating on short-term market movements. A pattern of frequent acquisitions and dispositions of Units can be disruptive to efficient management of the Funds. Accordingly, if the Trustee determines in its sole discretion that the Participating Trust (or any participants in the Participating Trust) is or

may be following a market-timing strategy or is otherwise engaging in excessive trading, the Trustee reserves the right to reject or restrict acquisition or disposition requests from such Participating Trust (or participants in such Participating Trust).

(l) Fiduciary acknowledges and agrees that, from time to time, each Fund may invest in one or more open-end investment companies registered under the 1940 Act that are affiliated with PFTC in order to obtain exposure to certain markets without investing in such markets directly, in order to equitize cash in the Fund, or for other legitimate purposes, and any advisory fees of such affiliated investment companies, which may exceed the fees provided for in the Fund's Fee Schedule, (a) shall be offset from the fees described in the Fund's Fee Schedule within the time period permitted under Prohibited Transaction Class Exemption 77-4, (b) shall otherwise satisfy the conditions of any applicable individual prohibited transaction exemption obtained by PFTC, or (c) shall otherwise be made so as not to constitute a non-exempt prohibited transaction under ERISA. PFTC acknowledges and agrees that the consent provided in this section shall be contingent upon providing a prospectus of any such affiliated investment company to the Fiduciary in advance of any investment in such affiliated investment company, which will contain a full description of the fees and expenses of such affiliated investment company and such consent will be effective only after such delivery; and provided further that such investment(s) are appropriate in light of the Fund's investment mandate and guidelines.

(m) Fiduciary acknowledges that, from time to time, each Fund may invest, for cash management purposes, in one or more open-end money market funds registered under the 1940 Act that are affiliated with or managed by PFTC pursuant to an individual prohibited transaction exemption granted to PFTC by the Department of Labor (the "DOL Exemption"), and Fiduciary hereby consents to such investment. PFTC acknowledges and agrees that the consent provided in this section shall be contingent upon PFTC providing Fiduciary, for each Fund that invests in an affiliated money market pursuant to the DOL Exemption, with a) current prospectus issued by the affiliated money market fund; b) a statement describing the fees for investment advisory or similar services, any secondary services and all other fees to be charged to or paid by the group trust and by the mutual fund, including the nature and extent of any differential between the rates of such fees; c) a statement describing the reasons why PFTC may consider such investment to be appropriate for the group trust and whether there are any limitations applicable to PFTC with respect to which group trust assets may be invested in shares of the mutual fund and, if so, the nature of such limitations; and e) upon request of the plan sponsor, a copy of the final exemption and/or proposed exemption as published in the Federal Register, and any other reasonably available information regarding the transactions covered by the DOL Exemption.

#### **4. Restrictions on Model Rebalancing.**

To the extent that the Putnam Stable Value Fund is made available as part of an asset allocation model or Fund of Funds offered by Employer and/or Fiduciary, then a copy of the asset allocation model or Fund of Funds investment allocation and their respective underlying asset/investment weightings (the "Model") shall be provided to PFTC prior to entering into this Agreement and shall be attached hereto as Schedule B or, if after the effective date of the Agreement, prior to the Putnam Stable Value Fund becoming part of a Model. The weighting of

each underlying fund set forth in the Model may be rebalanced annually, semi-annually or quarterly, as prescribed by Fiduciary and/or Employer in order to maintain the original target allocation; provided, however, at no time shall the purpose of such rebalancing be to alter or modify the targeted allocation set forth in the original Model. The Employer and/or Fiduciary agree to notify PFTC in advance of any changes to a Model that includes the Putnam Stable Value Fund.

## **5. Compensation – Classes**

(a) PFTC is entitled to reasonable compensation for its services provided hereunder and pursuant to the Declaration of Trust with respect to each Designated Fund in accordance with the Fee Schedule set forth herein, or as included within the Offering Statement or the Investment Characteristics, as applicable, for such Designated Fund, which has been provided to Fiduciary. If the Prospective Trust is participant-directed, Fiduciary acknowledges and agrees that (i) it has communicated and (ii) upon any change in compensation applicable to the Participating Trust will communicate, to all participants in the Prospective Trust, the compensation charged to the Prospective Trust and each participant therein and that such compensation may vary, and that the compensation paid directly and/or indirectly by the Participating Trust and each participant therein may change, as described in Schedule A.

(b) Notwithstanding the foregoing, with respect to a Class of Units of each Fund, each Unit shall be of equal value to every other Unit of the same Class.

(c) Each Unit of a Class shall represent an undivided proportionate interest in all the assets of the Fund.

(d) As of any Valuation Date, the Trustee, in its sole discretion, may make a uniform change in the Units of any Class of any Fund either by dividing such Units into a greater number of Units of lesser value, or combining such Units to produce a lesser number of Units of greater value, provided that the proportionate interest of each Qualified Trust in the Fund shall not thereby be changed.

## **6. Directions from Fiduciary – Indemnification**

PFTC shall be fully protected in relying on and proceeding in accordance with any direction or notice provided directly or indirectly by any duly authorized employee or representative of Employer. Employer hereby agrees to indemnify each Designated Fund and PFTC, its Affiliates, and its and their directors, officers, and employees (each, an “indemnified party”), and hold them harmless from all liabilities, losses, claims, demands, damages, costs, and expenses, including reasonable attorneys’ fees and expenses, arising from (i) any act taken or omitted by an indemnified party in good faith in accordance with, or due to the absence of, directions of any person authorized to give a direction with respect to the matter, (ii) any act taken or omitted by a fiduciary other than an indemnified party in breach of the fiduciary’s responsibilities, including, without limitation, any miscommunication or inaccurate statement by such other fiduciary to Participating Trust participants concerning any aspect of the Designated Funds or the Group Trust or the consequences of an investment in the Designated Fund or the Group Trust, or (iii) any breach of the Participation Agreement or the Declaration of Trust by the

Fiduciary. The Fiduciary's and the Employer's obligations under this Section 6 shall survive the termination of this Agreement.

## **7. Litigation Expenses**

Trustee's costs and expenses incurred in any litigation relating to the Designated Funds or the Group Trust shall be a reimbursable expense, except costs and expenses incurred in connection with litigation between Participating Trust and Trustee or litigation in which Trustee is found to have breached its duty hereunder or under the Declaration of Trust. To the extent that such reimbursable costs and expenses are not fully reimbursed by the Designated Funds or the Group Trust for any reason, Employer will, to the extent permitted by law, cause Participating Trust to, and to the extent not so permitted, will itself indemnify and hold harmless PFTC. Trustee may decline to start or respond to any legal action unless Participating Trust indemnifies Trustee to its satisfaction for all such reimbursable expenses. Trustee may compromise claims on terms approved by Participating Trust or its authorized representatives, which shall be binding on all parties. This Section 7 shall survive the termination of this Agreement.

## **8. Role of the Trustee**

(a) The Trustee (and any investment adviser, including any affiliate of the Trustee, appointed by the Trustee to assist the Trustee in the fulfillment of its duties under the Declaration of Trust) may sponsor, offer, distribute, manage and/or advise other accounts, investment funds or pooled funds in such a manner that substantially the same or different investment decisions are made for those accounts or pooled funds as are made for the Funds.

(b) The Trustee serves as the sponsor, trustee and manager of the Group Trust and each Fund. The Trustee may employ advisers, consultants, subadvisers or other agents (which may be affiliates of the Trustee) to assist in the administration and management of the Funds. Any such advisers, consultants, subadvisers or agents may be compensated directly by the Trustee or may be compensated from the applicable Fund, as set forth in the Declaration of Trust.

## **9. Miscellaneous**

(a) This Participation Agreement (i) will terminate upon the complete withdrawal of the Participating Trust from the Group Trust, in which case, notice of withdrawal must be received by the Trustee no later than 5 business days prior to the applicable Valuation Date, (ii) will be binding upon the successors and assigns of the parties hereto, and (iii) together with the Declaration of Trust (including the appendices thereto), Offering Statement and Investment Characteristics, as applicable, constitute the entire agreement between the parties regarding the subject matter of this Participation Agreement.

(b) By executing this Participation Agreement, Fiduciary acknowledges receipt of a written statement describing the services to be provided, all direct and indirect compensation reasonably expected to be received by the Trustee, its affiliates, or subcontractors, and other related information as required by ERISA Section 408(b)(2), reasonably in advance of

the date of such execution. The Fiduciary understands and acknowledges that the Fund's ERISA 408(b)(2) disclosure statement is provided at [www.putnam.com/dcio/erisa](http://www.putnam.com/dcio/erisa).

(c) The headings used in this Participation Agreement are for convenience and reference only and shall not be deemed to limit or affect the terms or provisions herein.

(d) The interpretation of this Agreement and the rights of the parties hereunder shall be governed by ERISA and other applicable federal law and, to the extent not preempted by the foregoing, the laws of the Commonwealth of Massachusetts.

(e) This Agreement may be retained, to the extent permitted by applicable law, in such form or forms as PFTC may elect, including without limitation electronically, without the necessity of retaining an original or written copy. This Agreement may be executed in one or more counterparts, all of which shall be considered one and the same instrument and an original. An electronic copy of a signature of this Agreement received in Portable Document Format (PDF) or a copy of a signature of this Agreement received via a fax machine, electronic image, or any other electronic reproduction shall be deemed to be of the same force and effect as an original signature on an original executed document. Further, in accordance with the Declaration of Trust, the Fiduciary agrees that PFTC may, in its sole discretion, give the same effect to a telephonic instruction, voice recording or any instruction received through electronic commerce or other electronic means as it gives to a written instruction, and PFTC's action in doing so shall be protected to the same extent as if such telephonic or electronic instructions were, in fact, a written instruction.

(f) PFTC is authorized to rely on the account information provided in Appendix I until PFTC actually receives written notice from the Executing Fiduciary or other authorized person of changes to the provided information.

*[signature page to follow]*

EXECUTED as of the date set forth below.

**EMPLOYER**

Dated: 6/18/2025

Signed by:  


6A4F4B5FAD514C2...  
Authorized Signature

Ariadne Fournier

Printed Name

Vice President, Human Resources North America

Title

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Named Fiduciary (if different from above)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**PUTNAM FIDUCIARY TRUST COMPANY**

7/18/2025 | 9:23 AM PDT

Dated: \_\_\_\_\_

Signed by:  


97E6DAE54E56454...  
Authorized Signature

Frank Natoli

Printed Name

Manager-GSS

\_\_\_\_\_  
Title

**SCHEDULE A**

**Putnam Stable Value Fund**

The Plan shall pay a management fee at the annual rate as selected below of the Plan's assets in the Fund, accrued daily and paid quarterly.

The Fiduciary acknowledges and agrees that Putnam Fiduciary Trust Company will apply the portion of the management fee reflected below to service payments to ADP, Inc. as the Plan's administrative service provider.

<u>Select</u>	<u>Annual Fund Management Fee</u>	<u>Service Payment to ADP, Inc.</u>
<input type="checkbox"/>	1.00%	0.75%
<input type="checkbox"/>	0.75%	0.50%
<input type="checkbox"/>	0.50%	0.25%
<input type="checkbox"/>	0.35%	0.10%
<input checked="" type="checkbox"/>	0.25%	0.00%

**SCHEDULE B**

**ASSET ALLOCATION MODELS**

*[Please list any asset allocation models]*

**Appendix I**

**ACCOUNT INFORMATION FORM**

Plan Sponsor: Dorf Ketal Chemicals LLC  
31-1790136

Employer's Tax ID (EIN) #: \_\_\_\_\_  
11490 Westheimer Rd Ste 300 Houston TX 77077

Address: \_\_\_\_\_

Primary Contact: Ari Fournier Title: VP of HR  
832-998-3439

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: ari.fournier@dorketal.com

Dorf Ketal Chemicals LLC 401(k) Plan

**Plan Name:** \_\_\_\_\_

Plan Type (check all that apply):  DC  401(k)  GOV  Church Plan  Keogh  
 81-100 Group Trust  1022(i)(1) Puerto Rico Plan  
 Multiple Employer Plan  Other \_\_\_\_\_

Plan Tax Year-End: 12/31  
\_\_\_\_\_

Plan # \_\_\_\_\_  
001

(Please provide the Plan # as listed on line 1b of the Plan's most recent Form 5500)

Plan Size (approximate) (\$MM): 11,200,000  
\_\_\_\_\_

Number of Plan Participants: 239  
\_\_\_\_\_

*PFTC will send to the address specified above a certificate with respect to the Fund's annual report filing to assist in preparation of the Plan's Form 5500 filing.*

Recordkeeper: ADP, Inc.  
865,166

Stable Value Assets (\$): \_\_\_\_\_  
8/1/25

Date of Transfer of Assets: \_\_\_\_\_



## Investment Option Agreement

426946 Dorf Ketal Chemicals LLC 401(k) Plan

Preparation Date: 6/13/2025

### ADP Prototype Defined Contribution Plan

### OFA Investment Option Agreement

Client Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

ADP Plan Number:

Plan Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

ALS Case Number: 10130714 - 2

#### Section I - Investment Fund Selection General Information:

##### General Information:

If you have elected to offer Participant Advisory Services in your Plan, the investment options selected below will be the funds to which that service applies.

**IMPORTANT** - Plans with Participation Advisory Services: When selecting and replacing investment options, your Plan must maintain at least one investment option from each of the following 5 general asset categories: 1. Money Market or Stable Value; 2. Intermediate Term Bond; 3. Large Cap Domestic Equity (i.e. Large Value, Blend or Growth); 4. Small/Mid Cap Domestic Equity (i.e. Small or Mid Value, Blend or Growth); 5. Large Cap International Equity (i.e. Foreign Large Value, Blend or Growth).

In the table below you will see how each investment in the plan menu contributes to the total cost of the plan. Individual investments may result in additional compensation to ADP, Inc. or an affiliate ("ADP"). These estimates are based on expense ratios and fee arrangements that are reported by or for each individual investment fund in prospectuses or other disclosures.

Specific Fund Category	Current Investment LineUp	New Investment Line Up <sup>1</sup>	In Kind Available <sup>3</sup>	Estimated Fund Assets <sup>2</sup>	Fund Ticker	CUSIP	Net Expense Ratio <sup>2</sup>	Gross Expense Ratio <sup>3</sup>	12b(1) Fees (%) <sup>4</sup>	Sub TA Fees (%) <sup>4</sup>	CIT Service Fees (%) <sup>4</sup>	ADP Fund Revenue <sup>4</sup>	Total Cost
Stable Value	Invesco Stable Asset Fund - ADPZ Class	Putnam Stable Value Fund - Class 25	No	\$865,166	N/A	74686Q207	0.37%	0.37%	0.00%	0.00%	0.00%	\$0	\$3,201
Intermediate Core-Plus Bond	MFS Total Return Fund - Class R6	Pioneer Bond Fund Trust - Class R1	No	\$1,637	N/A	97182P191	0.23%	0.23%	0.00%	0.00%	0.00%	\$0	\$4
Intermediate Core-Plus Bond	BlackRock Total Return Fund - Class K	Pioneer Bond Fund Trust - Class R1	No	\$57,916	N/A	97182P191	0.23%	0.23%	0.00%	0.00%	0.00%	\$0	\$133
Intermediate Core-Plus Bond	Fidelity Inflation-Protected Bond Index Fund	Pioneer Bond Fund Trust - Class R1	No	\$63,111	N/A	97182P191	0.23%	0.23%	0.00%	0.00%	0.00%	\$0	\$145
Intermediate Core-Plus Bond	Vanguard Intermediate Term Bond Index Fund - Admiral Class	Pioneer Bond Fund Trust - Class R1	No	\$277,387	N/A	97182P191	0.23%	0.23%	0.00%	0.00%	0.00%	\$0	\$638
High Yield Bond	BlackRock High Yield Portfolio - Class K	BlackRock High Yield Portfolio - Class K	Yes	\$192,249	RRHYX	09260R614	0.48%	0.49%	0.00%	0.00%	0.00%	\$0	\$923
Target-Date 2000-2010	Fidelity Freedom Index 2010 Fund - Premier II Class Shares	T. Rowe Price Retirement 2010 Fund - Class I	No	\$3,938	TRPUX	872797311	0.34%	0.34%	0.00%	0.00%	0.00%	\$0	\$13
Target-Date 2015	Fidelity Freedom Index 2015 Fund - Premier II Class Shares	T. Rowe Price Retirement 2015 Fund - Class I	No	\$3,963	TRUBX	872797295	0.35%	0.35%	0.00%	0.00%	0.00%	\$0	\$14
Target-Date 2020	Fidelity Freedom Index 2020 Fund - Premier II Class Shares	T. Rowe Price Retirement 2020 Fund - Class I	No	\$445,407	TRDBX	872797287	0.37%	0.37%	0.00%	0.00%	0.00%	\$0	\$1,648
Target-Date 2025	Fidelity Freedom Index 2025 Fund - Premier II Class Shares	T. Rowe Price Retirement 2025 Fund - Class I	No	\$591,721	TREHX	872797279	0.38%	0.38%	0.00%	0.00%	0.00%	\$0	\$2,249
Target-Date 2030	Fidelity Freedom Index 2030 Fund - Premier II Class Shares	T. Rowe Price Retirement 2030 Fund - Class I	No	\$343,174	TRF1X	072797261	0.40%	0.40%	0.00%	0.00%	0.00%	\$0	\$1,373
Target-Date 2035	Fidelity Freedom Index 2035 Fund - Premier II Class Shares	T. Rowe Price Retirement 2035 Fund - Class I	No	\$1,694,444	TRFJX	872797253	0.42%	0.42%	0.00%	0.00%	0.00%	\$0	\$7,117
Target-Date 2040	Fidelity Freedom Index 2040 Fund - Premier II Class Shares	T. Rowe Price Retirement 2040 Fund - Class I	No	\$453,925	TRHDX	872797246	0.43%	0.43%	0.00%	0.00%	0.00%	\$0	\$1,952



**Investment Option Agreement**

426946 Dorf Ketal Chemicals LLC 401(k) Plan

Preparation Date: 6/13/2025

**ADP Prototype Defined Contribution Plan**

**OFA Investment Option Agreement**

Client Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

ADP Plan Number:

Plan Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

ADP Case Number: 10130714 - 2

Specific Fund Category	Current Investment LineUp	New Investment Line Up <sup>1</sup>	In Kind Available <sup>8</sup>	Estimated Fund Assets <sup>2</sup>	Fund Ticker	CUSIP	Net Expense Ratio <sup>2</sup>	Gross Expense Ratio <sup>3</sup>	12b(1) Fees (%) <sup>4</sup>	Sub TA Fees (%) <sup>4</sup>	CIT Service Fees (%) <sup>4</sup>	ADP Fund Revenue <sup>4</sup>	Total Cost
Target-Date 2045	Fidelity Freedom Index 2045 Fund - Premier II Class Shares	T. Rowe Price Retirement 2045 Fund - Class I	No	\$911,747	TRIKX	872797238	0.44%	0.44%	0.00%	0.00%	0.00%	\$0	\$4,012
Target-Date 2050	Fidelity Freedom Index 2050 Fund - Premier II Class Shares	T. Rowe Price Retirement 2050 Fund - Class I	No	\$375,124	TRJLX	872797220	0.45%	0.45%	0.00%	0.00%	0.00%	\$0	\$1,688
Target-Date 2055	Fidelity Freedom Index 2055 Fund - Premier II Class Shares	T. Rowe Price Retirement 2055 Fund - Class I	No	\$358,230	TRJMX	872797212	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$1,648
Target-Date 2055	Fidelity Freedom Index 2070 Fund - Premier II Class Shares	T. Rowe Price Retirement- Fund - Class I	No	\$0	TRJMX	872797212	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$0
Target-Date 2055	DFA Commodity Strategy Portfolio - Institutional Class	T. Rowe Price Retirement- Fund - Class I	No	\$1,368	TRJMX	872797212	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$6
Target-Date 2055	Fidelity Freedom Index Income Fund - Premier II Class Shares	T. Rowe Price Retirement- Fund - Class I	No	\$38,813	TRJMX	872797212	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$179
Target-Date 2055	Principal Real Estate Securities Fund - Class R6	T. Rowe Price Retirement- Fund - Class I	No	\$100,259	TRJMX	872797212	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$461
Target-Date 2060	Fidelity Freedom Index 2060 Fund - Premier II Class Shares	T. Rowe Price Retirement 2060 Fund - Class I	No	\$210,029	TRLNX	872797196	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$966
Target-Date 2065+	Fidelity Freedom Index 2065 Fund - Premier II Class Shares	T. Rowe Price Retirement 2065 Fund - Class I	No	\$148,586	TRMOX	872797188	0.46%	0.46%	0.00%	0.00%	0.00%	\$0	\$683
Large Value	JPMorgan Equity Income Fund - Class R6	Dodge & Cox Stock Fund - Class X	No	\$365,195	DOXGX	256206509	0.41%	0.46%	0.00%	0.00%	0.00%	\$0	\$1,497
Large Blend	T. Rowe Price Dividend Growth Fund - Class I	Fidelity 500 Index Fund	No	\$167,739	FXAIX	315911750	0.02%	0.02%	0.00%	0.00%	0.00%	\$0	\$34
Large Blend	State Street Equity 500 Index Fund - Class K	Fidelity 500 Index Fund	No	\$483,509	FXAIX	315911750	0.02%	0.02%	0.00%	0.00%	0.00%	\$0	\$97
Large Growth	American Funds The Growth Fund of America - Class R6	JPMorgan Large Cap Growth Fund - Class R6	No	\$431,663	JLGMX	40121L041	0.44%	0.50%	0.00%	0.00%	0.00%	\$0	\$1,099
Mid-Cap Blend	Nuveen Small Cap Blend Index Fund - Class R6	Fidelity Extended Market Index Fund	No	\$25,881	FSMAX	315911743	0.04%	0.04%	0.00%	0.00%	0.00%	\$0	\$10
Mid-Cap Blend	Vanguard Small Cap Index Fund - Admiral Class	Fidelity Extended Market Index Fund	No	\$106,270	FSMAX	315911743	0.04%	0.04%	0.00%	0.00%	0.00%	\$0	\$43
Mid-Cap Blend	Vanguard Mid-Cap Index Fund - Admiral Class	Fidelity Extended Market Index Fund	No	\$171,704	FSMAX	315911743	0.04%	0.04%	0.00%	0.00%	0.00%	\$0	\$69



## Investment Option Agreement

426946 Dorf Ketal Chemicals LLC 401(k) Plan

Preparation Date: 6/13/2025

### ADP Prototype Defined Contribution Plan

Client Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

Plan Name: 426946 Dorf Ketal Chemicals LLC 401(k) Plan

### OFA Investment Option Agreement

ADP Plan Number:

AIS Case Number: 10130714 - 2

Specific Fund Category	Current Investment LineUp	New Investment Line Up <sup>1</sup>	In Kind Available <sup>8</sup>	Estimated Fund Assets <sup>2</sup>	Fund Ticker	CUSIP	Net Expense Ratio <sup>2</sup>	Gross Expense Ratio <sup>3</sup>	12b(1) Fees (%) <sup>4</sup>	Sub TA Fees (%) <sup>4</sup>	CIT Service Fees (%) <sup>4</sup>	ADP Fund Revenue <sup>4</sup>	Total Cost
Small Value	Vanguard Small Cap Value Index Fund - Admiral Class	Undiscovered Managers Behavioral Value Fund - Class R6	No	\$589,112	UBVFX	904504479	0.80%	0.85%	0.00%	0.00%	0.00%	\$0	\$4,713
Small Growth	Janus Henderson Triton Fund - Class N	Wasatch Core Growth Fund - Institutional Class Shares	No	\$9,499	WIGRX	936793793	1.05%	1.06%	0.00%	0.00%	0.00%	\$0	\$100
Foreign Large Blend	T. Rowe Price Overseas Stock Fund - Class I	MFS International Equity Fund - Class R6	No	\$78,547	MIEIX	552966806	0.69%	0.70%	0.00%	0.00%	0.00%	\$0	\$542
Foreign Large Blend	iShares MSCI EAFE International Index Fund - Class K	MFS International Equity Fund - Class R6	No	\$167,501	MIEIX	552966806	0.69%	0.70%	0.00%	0.00%	0.00%	\$0	\$1,156
Diversified Emerging Mkts	Vanguard Emerging Markets Stock Index Fund - Admiral Class	Lazard Emerging Markets Equity Portfolio - Institutional Class	No	\$19,580	LZEMX	52106N889	1.07%	1.07%	0.00%	0.15%	0.00%	\$29	\$210
Brokerage <sup>5</sup>													
Company Stock <sup>6</sup>													
<b>Totals</b>			1	\$9,754,394								\$29	\$39,421

TWAER: 0.4%

TWARS: 0%

Default Account Investment Selection	
Administrative Account Investment Selection <sup>7</sup>	



## Certificate Of Completion

Envelope Id: 8D0A6D47-ED3F-4B0D-A304-64F78B5FDDF7  
 Subject: Complete with Docusign: Dorf Ketel Chemicals LLC 401(K) Plan (PSVF 25).pdf  
 Source Envelope:  
 Document Pages: 20  
 Certificate Pages: 1  
 AutoNav: Disabled  
 Envelopeld Stamping: Disabled  
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed  
 Envelope Originator:  
 Frank Natoli  
 Accounts Payable P.O. Box 980186  
 Sacramento, CA 95798  
 Frank.Natoli@franklintempleton.com  
 IP Address: 155.39.88.3

## Record Tracking

Status: Original  
 7/18/2025 9:22:47 AM  
 Holder: Frank Natoli  
 Frank.Natoli@franklintempleton.com  
 Location: DocuSign

## Signer Events

Frank Natoli  
 Frank.Natoli@franklintempleton.com  
 Manager-GSS  
 Franklin Templeton Investments  
 Security Level: Email, Account Authentication  
 (None)

## Signature

Signed by:  
  
 97E6DAE54E56454...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 155.39.88.3

## Timestamp

Sent: 7/18/2025 9:23:15 AM  
 Viewed: 7/18/2025 9:23:25 AM  
 Signed: 7/18/2025 9:23:52 AM  
 Freeform Signing

**Electronic Record and Signature Disclosure:**  
 Not Offered via Docusign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Event	Status	Timestamp
Envelope Sent	Hashed/Encrypted	7/18/2025 9:23:15 AM
Certified Delivered	Security Checked	7/18/2025 9:23:25 AM
Signing Complete	Security Checked	7/18/2025 9:23:52 AM
Completed	Security Checked	7/18/2025 9:23:52 AM

## Payment Events

## Status

## Timestamps

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning		and ending
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	

**Part I Asset and Liability Statement**

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

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

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

**Part II Income and Expense Statement**

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

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

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

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**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:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, or MTIA.    (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. 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
<b>a</b> 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.) .....			
<b>4a</b>			
<b>b</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.) .....			
<b>4b</b>			
<b>c</b> 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.) .....			
<b>4c</b>			
<b>d</b> 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.) .....			
<b>4d</b>			
<b>e</b> Was this plan covered by a fidelity bond? .....			
<b>4e</b>			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>4f</b>			
<b>g</b> 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? .....			
<b>4g</b>			
<b>h</b> 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? .....			
<b>4h</b>			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....			
<b>4i</b>			
<b>j</b> 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.) .....			
<b>4j</b>			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>4k</b>			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>4l</b>			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>4m</b>			
<b>n</b> 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. ....			
<b>4n</b>			

**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 \_\_\_\_\_.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DORF KETAL CHEMICALS LLC 401(K) PLAN  
**Plan Sponsor's Name** DORF KETAL CHEMICALS LLC

**EIN:** 31-1790136  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES ( 4.25% TO 9.50%)		236,477
	MFS TOTAL RETURN - R6	REGISTERED INVESTMENT COMPANY		1,008
	FID FREEDOM INDEX INC PREMIER	REGISTERED INVESTMENT COMPANY		52,541
	BLACKROCK HIGH YIELD K	REGISTERED INVESTMENT COMPANY		184,036
	FID FREEDOM INDEX 2010 PREMIER	REGISTERED INVESTMENT COMPANY		4,053
	FID FREEDOM INDEX 2060 PREMIER	REGISTERED INVESTMENT COMPANY		206,540
	DFA COMMODITY STRAT PORT INST	REGISTERED INVESTMENT COMPANY		1,903

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**Plan Name** DORF KETAL CHEMICALS LLC 401(K) PLAN  
**Plan Sponsor's Name** DORF KETAL CHEMICALS LLC

**EIN:** 31-1790136  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD SM CAP VAL INDEX ADM	REGISTERED INVESTMENT COMPANY		606,593
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		122,900
	VANGUARD INTERMEDIATE TERM BON	REGISTERED INVESTMENT COMPANY		265,625
	FID FREEDOM INDEX 2045 PREMIER	REGISTERED INVESTMENT COMPANY		947,617
	T. ROWE PRICE DIVIDEND GR I	REGISTERED INVESTMENT COMPANY		138,976
	BLACKROCK TOTAL RETURN K	REGISTERED INVESTMENT COMPANY		46,484
	AMF GROWTH FUND OF AMERICA R6	REGISTERED INVESTMENT COMPANY		444,371

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DORF KETAL CHEMICALS LLC 401(K) PLAN  
**Plan Sponsor's Name** DORF KETAL CHEMICALS LLC

**EIN:** 31-1790136  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRI REAL ESTATE SECURITIES R6	REGISTERED INVESTMENT COMPANY		88,048
	FID FREEDOM INDEX 2025 PREMIER	REGISTERED INVESTMENT COMPANY		600,601
	NUVEEN SMALLCAP BLEND INDEX R6	REGISTERED INVESTMENT COMPANY		27,041
	FID FREEDOM INDEX 2065 PREMIER	REGISTERED INVESTMENT COMPANY		124,653
	JANUS HENDERSON TRITON FUND N	REGISTERED INVESTMENT COMPANY		7,369
	GS INFLATION PROTECTED SEC R6	REGISTERED INVESTMENT COMPANY		57,343
	FID FREEDOM INDEX 2055 PREMIER	REGISTERED INVESTMENT COMPANY		372,785

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DORF KETAL CHEMICALS LLC 401(K) PLAN  
**Plan Sponsor's Name** DORF KETAL CHEMICALS LLC

**EIN:** 31-1790136  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FID FREEDOM INDEX 2030 PREMIER	REGISTERED INVESTMENT COMPANY		361,678
	FID FREE INDX 2015 PREM	REGISTERED INVESTMENT COMPANY		4,099
	FID FREEDOM INDEX 2035 PREMIER	REGISTERED INVESTMENT COMPANY		1,643,205
	FID FREEDOM INDEX 2050 PREMIER	REGISTERED INVESTMENT COMPANY		355,263
	JPMORGAN EQUITY INCOME FUND R6	REGISTERED INVESTMENT COMPANY		358,032
	FID FREEDOM INDEX 2040 PREMIER	REGISTERED INVESTMENT COMPANY		532,333
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		182,890

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** DORF KETAL CHEMICALS LLC 401(K) PLAN  
**Plan Sponsor's Name** DORF KETAL CHEMICALS LLC

**EIN:** 31-1790136  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	STATE ST EQUITY 500 INDEX K	REGISTERED INVESTMENT COMPANY		579,782
	VANGUARD EMG MKTS STK IDX ADM	REGISTERED INVESTMENT COMPANY		30,905
	T ROWE PRICE OVERSEAS STOCK	REGISTERED INVESTMENT COMPANY		64,313
	ISHARES MSCI EAFE INTL INDEX K	REGISTERED INVESTMENT COMPANY		197,185
	FID FREEDOM INDEX 2020 PREMIER	REGISTERED INVESTMENT COMPANY		434,982
	INVESCO STABLE ASSET - ADPZ	COMMON/COLLECTIVE TRUST		942,500