

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>1a Name of plan <u>SENSIENT COLORS INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES IN UNITED STEELWORKERS OF AMERICA AND ITS LOCAL 6996-20</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENSIENT COLORS INC.</u> <u>777 EAST WISCONSIN AVENUE</u> <u>MILWAUKEE, WI 53202-5304</u></p>	<p>1c Effective date of plan <u>05/01/1968</u></p> <p>2b Employer Identification Number (EIN) <u>13-5185700</u></p> <p>2c Plan Sponsor's telephone number <u>414-347-3834</u></p> <p>2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2025	CHRISTY CUMMINGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	150
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	90
	6c	26
	6d	116
	6e	27
	6f	143
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H 1I

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SENSIENT COLORS INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES IN UNITED STEELWORKERS OF AMERICA AND ITS LOCAL 6996-20</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SENSIENT COLORS INC.</u>	D Employer Identification Number (EIN) <u>13-5185700</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>5731645</u>
	b Actuarial value	2b	<u>6008728</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>118</u>	<u>1217361</u>
	b For terminated vested participants	<u>33</u>	<u>4557727</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>151</u>	<u>5775088</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.99 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>162000</u>
	c Target normal cost	6c	<u>162000</u>

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

SIGN HERE		
	Signature of actuary	<u>07/09/2025</u> Date
	<u>STEVE MARIANI</u> Type or print name of actuary	<u>23-08541</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>973-569-5606</u> Telephone number (including area code)
	<u>150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		47841
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> %		2445
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		50286
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	104.04 %
15	Adjusted funding target attainment percentage	15	104.04 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/05/2024	25000						
07/10/2024	25000						
10/11/2024	25000						
01/09/2025	25000						
			Totals ▶	18(b)	100000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	96918

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	162000
b Excess assets, if applicable, but not greater than line 31a	31b	162000

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	96918

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

a Total (excess, if any, of line 37 over line 36)	38a	96918
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

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

A Name of plan SENSIENT COLORS INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES IN UNITED STEELWORKERS OF AMERICA AND ITS LOCAL 6996-20	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SENSIENT COLORS INC.	D Employer Identification Number (EIN) 13-5185700	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	37197	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	29261	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 type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KEVIN FERRIS	b EIN: 91-0675641
c Position: ACTUARY	
d Address: 1 PENNSYLVANIA PLAZA 38TH FLOOR NEW YORK, NY 10019	e Telephone: 646-473-3322

Explanation: ACTUARIAL SERVICES ARE PROVIDED BY ANOTHER ACTUARY WITHIN THE SAME ACTUARIAL FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SENSIENT COLORS INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES IN UNITED STEELWORKERS OF AMERICA AND ITS LOCAL 6996-20	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SENSIENT COLORS INC.	D Employer Identification Number (EIN) 13-5185700

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25000	25000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12360	15669
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80110	103973
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5623448	5496030
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5740918	5640672
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9259	8083
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9259	8083
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5731659	5632589

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	100000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3727	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3727
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	190406	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		190406
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		189638
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		483771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	485093	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		485093
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	29261	
(7) Actuarial fees	2i(7)	37197	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	31290	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		97748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		582841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-99070
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539043.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SENSIENT COLORS INC. PENSION PLAN FOR BARGAINING UNIT EMPLOYEES IN UNITED STEELWORKERS OF AMERICA AND ITS LOCAL 6996-20</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENSIENT COLORS INC.</u>	D Employer Identification Number (EIN) <u>13-5185700</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

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

1		<u>0</u>
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		<u>0</u>
----------	--	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Sensient Colors, Inc. Pension Plan for the Bargaining
Unit Employees in United Steelworkers of America
and its Local 6996-20
Years Ended December 31, 2024 and 2023

With Report of Independent Auditors

Independent Auditor's Report

To the Participants and Administrator of the
Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

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

We have performed audits of the accompanying financial statements of Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees in United Steelworkers of America and its Local 6996-20 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wipfli LLP

Wipfli LLP

Milwaukee, Wisconsin

June 9, 2025

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023

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PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments at fair value:		
Money market fund	\$ 103,973	\$ 80,110
Mutual funds	5,496,030	5,623,448
	5,600,003	5,703,558
Employer contributions receivable	25,000	25,000
Other receivable	15,669	12,360
Total assets	5,640,672	5,740,918
Liabilities		
Accrued administrative expenses	8,083	9,259
Total liabilities	8,083	9,259
Net assets available for benefits	\$ 5,632,589	\$ 5,731,659

See accompanying notes.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
Additions		
Employer contributions	\$ 100,000	\$ 50,000
Investment earnings:		
Interest and dividend income	186,869	143,698
Capital gain distribution	7,264	692
Net appreciation in fair value of investments	189,638	632,141
Net investment gain	383,771	776,531
Total additions	483,771	826,531
Deductions		
Benefits paid to participants	485,093	485,428
Administrative expenses	97,748	161,408
Total deductions	582,841	646,836
Net increase (decrease)	(99,070)	179,695
Net assets available for benefits at beginning of year	5,731,659	5,551,964
Net assets available for benefits at end of year	\$ 5,632,589	\$ 5,731,659

See accompanying notes.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

1. Description of Plan

The following description of the Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees in United Steelworkers of America and its Local 6996-20 (the Plan) provides only general information. Participants should refer to the plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined-benefit pension plan sponsored by Sensient Colors, Inc. (the Company), a wholly owned subsidiary of Sensient Technologies Corporation, for the benefit of the former full-time employees of the Company's Reading and Gibraltar plants covered by a collective bargaining agreement. During 2003, production ceased at the Reading and Gibraltar plants, and the majority of employees were terminated. The Plan no longer accepts new participants, and the benefits presented in these statements apply only to participants who were eligible prior to 2004. Prior to the Plan being frozen to participation, employees were required to meet certain service and age requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

Participants are eligible for monthly retirement benefits based on years of service and benefit rate in effect at time of retirement. Participants may receive benefits in the form of a life annuity, in a reduced amount as a joint and survivor annuity or in a ten-year certain and life annuity. Participants are eligible for monthly benefit payments upon reaching the age of 65 and for reduced benefits if they retire after age 55 but prior to age 65, with a minimum of 15 years of continuous service.

At the time of a participant's retirement, death, or other termination of employment, and if the participant's present value of accrued benefit is \$1,000 or less, such a benefit shall be satisfied by a single lump-sum payment to the participant or beneficiary.

Vesting

Participants became fully vested in their benefits after completion of five years of credited service.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Administrative Expenses

Administrative expenses incurred by the Plan are paid primarily by the Plan and are recorded on the accrual basis of accounting.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). The shares of the mutual fund and money market fund are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 9 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought, sold, and held during the year. The total Plan investments were held at PNC Bank (the Trustee) as of December 31, 2024 and 2023.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid. There were no benefits payable as of December 31, 2024 and 2023.

3. Funding Policy

Contributions to provide benefits under the Plan are made by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the unit credit actuarial method. This method and the actuarial assumptions referred to in Note 5 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Company met the minimum funding requirements of ERISA during the years ended December 31, 2024 and 2023.

4. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest, dividends, and capital gains for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee of the Plan.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future benefit payments that are attributable under the Plan's provisions for service that employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, and (2) beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits has been determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment dates. The effect of plan amendments on accumulated plan benefits is recognized during the year of such amendments.

The actuarial present value of accumulated plan benefits as of January 1, 2024, is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 4,313,924
Other participants	1,141,004
Total vested benefits	<u>5,454,928</u>
Non-vested benefits	-
Total actuarial present value of accumulated plan benefits	<u><u>\$ 5,454,928</u></u>

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 5,615,102
Benefits accumulated and actuarial loss	29,594
Reduction in discount period	295,660
Benefits paid	<u>(485,428)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 5,454,928</u></u>

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

The significant assumptions used in the January 1, 2024 actuarial valuation are as follows:

Discount rate	5.50%
Mortality	PRI-2012 Private Pension Plans Blue Collar Mortality Tables projected with improvement scale MP-2021
Retirement	Age 65 and 5 years of service from date of hire

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

6. Federal Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 27, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

7. Plan Termination

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

7. Plan Termination (continued)

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

8. Party-in-Interest Transactions

As of December 31, 2024 and 2023, the Plan does not have any investments managed by the Trustee of the Plan.

9. Fair Value Measurements

As of December 31, 2024 and 2023, the Plan's only assets and liabilities subject to Accounting Standards Codification (ASC) 820 were a money market fund, equity mutual funds, and fixed income mutual funds. The fair values of these assets were based on market quotes, which are Level 1 inputs per ASC 820. There were no assets held by the Plan as of December 31, 2024 or 2023, that were valued based on Level 2 or Level 3 inputs per ASC 820.

The Company is required to categorize the Plan's assets based on the following fair value hierarchy:

Level 1: Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Inputs other than quoted prices included in Level 1 that are observable for the asset or liability through corroboration with observable market data.

Level 3: Unobservable inputs that reflect the reporting entity's own assumptions.

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The following table sets forth the Plan's assets at fair value as of December 31, 2024 and 2023:

	Level 1 Values	
	2024	2023
Equity mutual funds	\$ 1,548,716	\$ 2,167,240
Fixed income mutual funds	3,947,314	3,456,208
Money market fund	103,973	80,110
Total assets at fair value	\$ 5,600,003	\$ 5,703,558

10. Subsequent Events

Management evaluated subsequent events for the Plan through June 9, 2025, the date the financial statements were available to be issued, and is not aware of any subsequent events that would require recognition or disclosure.

Supplemental Schedules

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

EIN 13-5185700 Plan #001

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Asset	(d) Cost	(e) Current Value
	Government/Treasury	Federated Government Obligations Fund	\$ 103,973	\$ 103,973
	Vanguard	Vanguard Long-Term Investment-Grade Fund	\$ 1,176,001	940,066
	Vanguard	Vanguard Long-Term Treasury Fund Admiral Shares	\$ 742,555	563,877
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	\$ 1,546,385	1,427,639
	Vanguard	Vanguard Intermediate-Term Treasury Fund Admiral Shares	\$ 1,109,795	1,015,732
	iShares	iShares Core S&P 500 ETF	\$ 724,983	959,548
	iShares	iShares Russell Mid-Cap ETF	\$ 90,383	108,997
	iShares	iShares Russell 2000 ETF	\$ 117,443	118,435
	iShares	iShares Core MSCI EAFE ETF	\$ 79,884	75,249
	SPDR	SPDR MSCI ACWI ex-US ETF	\$ 127,635	121,260
	Dodge & Cox	Dodge & Cox International Stock Fund	\$ 45,806	42,715
	Principal	Principal MidCap Fund Class R6	\$ 50,000	48,691
	WCM	WCM Focused International Growth Fund	\$ 50,927	39,858
	Touchstone	Touchstone Mid Cap Fund	\$ 25,880	33,963
		Total investments (held at end of year)	<u>\$ 5,991,650</u>	<u>\$ 5,600,003</u>

*This schedule has been derived from information certified as complete and accurate by PNC Bank.
See Independent Auditor's Report.*

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 13-5185700 Plan #001

Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Expense Incurred (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
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Category (iii) – Series of Security Transactions in Excess of 5% of Plan Assets

See Attachment A for listing of transactions.

There were no category (i), (ii) or (iv) reportable transactions.

This schedule has been derived from information certified as complete and accurate by PNC Bank. See Independent Auditor's Report.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Detail

5% Report by asset-aggregate

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Valuation	Threshold	Net gain/Loss
ISHARES CORE S&P 500 ETF	SAL	02/14/24	19,000	\$9,600.65	\$0.19	\$0.08	\$8,450.72	\$9,074.97	\$5,715,917.84	\$285,795.89	\$1,149.66
	SAL	03/07/24	58,000	29,613.64	0.98	0.24	25,796.93	27,702.54			3,815.89
	SAL	04/30/24	197,000	100,869.91	1.97	0.81	87,620.62	94,093.11			13,246.51
	SAL	05/21/24	37,000	19,673.27	0.37	0.16	16,456.66	17,672.31			3,216.08
	SAL	09/06/24	36,000	20,002.68	0.36	0.56	16,011.89	17,194.68			3,989.87
	SAL	10/03/24	87,000	49,731.81	0.87	1.39	38,695.40	41,553.81			11,034.15
	SAL	10/16/24	85,000	49,914.55	0.85	1.39	37,805.85	40,598.55			12,106.46
	SAL	11/25/24	67,000	40,022.45	0.67	1.12	29,799.91	32,001.21			10,220.75
	SAL	11/26/24	167,000	100,144.89	1.67	2.79	74,277.38	79,764.21			25,863.05
	SAL	11/27/24	308,000	185,339.00	3.08	5.16	136,990.61	147,110.04			48,340.15
	SAL	12/04/24	164,000	99,308.56	1.64	2.77	72,943.05	78,331.32			26,361.10
0 PURCHASES FOR				\$0.00					\$704,221.41		
11 SALES FOR											

TOTAL ISSUE AGGREGATE

ISHARES CORE MSCI EAFE ETF	SAL	02/14/24	142,000	\$9,979.76	\$1.42	\$0.08	\$9,120.97	\$9,989.70			\$857.29
	SAL	03/07/24	138,000	9,983.27	1.38	0.08	8,864.04	9,708.30			1,117.77
	PUR	04/30/24	1,044,000	75,590.82	26.10	0.00	75,616.92	75,616.92			0.00
	SAL	05/21/24	132,000	10,012.86	1.32	0.08	8,813.78	9,371.23			1,197.68
	SAL	07/16/24	3,239,000	243,459.44	80.98	6.77	216,271.36	229,950.14			27,100.33
1 PURCHASES FOR				\$75,590.82					\$349,026.15		
4 SALES FOR											

TOTAL ISSUE AGGREGATE

SPDR MSCI ACWI (EX-US) ETF	PUR	07/16/24	8,197,000	\$239,725.36	\$81.97	\$0.00	\$239,807.33	\$239,807.33			\$0.00
	PUR	10/03/24	1,153,000	35,137.56	28.83	0.00	35,166.39	35,166.39			0.00
	SAL	11/06/24	853,000	25,052.61	8.53	0.70	25,085.84	25,085.84			-42.46
	SAL	11/25/24	349,000	9,992.01	3.49	0.28	10,263.72	10,263.72			-275.49
	SAL	11/26/24	867,000	24,902.06	8.67	0.70	25,497.56	25,497.56			-604.87
	SAL	11/27/24	1,739,000	49,983.03	43.48	1.39	51,142.17	51,142.17			-1,204.01
	SAL	12/04/24	1,202,000	35,128.33	30.05	0.98	35,349.56	35,349.56			-252.26
2 PURCHASES FOR				\$274,862.92					\$419,920.96		
5 SALES FOR											

TOTAL ISSUE AGGREGATE

\$145,058.04

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Sensient Colors Inc. Pension Plan for Bargaining Unit Employees in United Steelworkers of America and its Local 6996-20	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sensient Colors Inc.	D Employer Identification Number (EIN) 13-5185700	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	5,731,645
	b Actuarial value	2b	6,008,728
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	118	1,217,361
	b For terminated vested participants	33	4,557,727
	c For active participants	0	0
	d Total	151	5,775,088
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.99 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	162,000
	c Target normal cost	6c	162,000

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

SIGN HERE	 Signature of actuary	<u>7/9/2025</u> Date
	<u>Steve Mariani</u> Type or print name of actuary	<u>23-08541</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(973) 569-5606</u> Telephone number (including area code)
	<u>150 Clove Road</u> <u>8th Floor</u> <u>Little Falls NJ 07424</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		47,841
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> %		2,445
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		50,286
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	104.04%
15	Adjusted funding target attainment percentage	15	104.04%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.74%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	04/05/2024	25,000	
	07/10/2024	25,000	
	10/11/2024	25,000	
	01/09/2025	25,000	
	Totals ▶	18(b)	100,000 18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	96,918
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 162,000
b Excess assets, if applicable, but not greater than line 31a				31b 162,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 96,918
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 96,918
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Sensient Colors, Inc. Pension Plan for Bargaining Unit Employees
EIN/PN: 13-5185700/001
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
4/5/2024	2024	4.99%		\$ 25,000	\$ 24,686
7/10/2024	2024	4.99%		25,000	24,373
10/11/2024	2024	4.99%		25,000	24,073
1/9/2025	2024	4.99%		25,000	23,786
Total				100,000	96,918

**2024 Schedule SB, line 22 – Description of Weighted Average Retirement Age
EIN/PN: 13-5185700 / 001**

$$\text{The weighted average retirement age} = \sum_{n=0}^{k-x} n|q_x * (x + n)$$

x = the earliest retirement age for which a retirement rate is shown.

$n|q_x$ = the probability that (x) will survive for n years and retire in the $(n + 1)$ th year.

k = the maximum retirement age for which a retirement rate is shown.

100% retire at age 65 (Normal Retirement Age)

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

The actuarial cost method used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is the Projected Unit Credit method, as required by FASB. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The Plan's Normal Cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The Plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.50% per year) or the applicable statutory interest rate for the year.

The Market-Related Value of Assets used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is equal to the Fair Value of Assets (without inclusion of any receivable contributions). The expected investment return for a plan year is based on the expected rate of return on plan assets (currently 5.50% per year).

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor’s interest rate election. The PBGC interest rates are based on the Plan Sponsor’s elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%	4.46%
Segment 3 (20+ years)	5.59%	4.52%	4.52%
Effective Interest Rate	4.99%	4.38%	4.38%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, (adopted January 1, 2008) adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The alternative method (adopted January 1, 2020) is used for the PBGC variable rate premium calculation.

FASB ASC Topic 715: 4.95% per year (adopted December 31, 2023). This discount rate reflects the theoretical rate at which the liabilities could be settled in the bond market as of December 31, 2023. This assumption is based on observations of estimates inherent in market data, specifically current yields on AA corporate bonds.

Rationale for assumption: Expected cash flows were discounted to the measurement date utilizing the December 31, 2023 FTSE Above Median Pension Discount Curve. A singular discount rate was then determined such that the resulting liability from discounting using the Citigroup curve matched the liability resulting from discounting the same cash flows using the aforementioned singular discount rate.

Change in assumptions: As of December 31, 2023 the discount rate decreased to 4.95% compared to 5.15% as of December 31, 2022. The expected discount rate decreased due to observations of estimates inherent in market data.

FASB ASC Topic 960: 5.50% per year. This is the assumed rate of return for the Plan’s entire portfolio of assets, net of investment expenses and including assumed inflation rate of 2.30%. It is based on the Plan’s investment policy, including target asset allocation, and Milliman’s capital market expectations.

Rationale for assumption: In developing this assumption, we relied on models and capital market assumption developed by Milliman investment consultants and the Plan’s investment policy. We reviewed the Plan’s target asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and use in the investment return assumption.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 5.50% per year. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

FASB ASC Topic 715: 5.50% per year. This assumption is based on the Plan's actual asset allocation, assumed investment expenses, and reflects inflation as indicated below. This assumption represents an estimate of future experience and is based on both historical returns and projections.

Rationale for assumption: In developing this assumption, we relied on models and capital market assumption developed by Milliman investment consultants and the Plan's investment policy. We reviewed the Plan's target asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and use in the investment return assumption.

Inflation (CPI)

2.30% per year. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale for assumption: The assumption reflects long-term historical inflation as well as the actuary's view of future inflation trends.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

FASB ASC Topics 715 and 960: The assumed inflation assumption of 2.30% per year, shown above.

Administrative Expenses

An allowance equal to the prior year's administrative and investment expenses rounded up to the next \$1,000 has been included in the Target Normal Cost and Service Cost.

Rationale for assumption: This assumption represents an estimate of future experience. We believe the assumption selected is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

DEMOGRAPHIC ASSUMPTIONS

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory generational tables for 2024.

FASB ASC Topic 715 and 960: PRI-2012 Private Pension Plans Blue Collar Mortality Tables projected with improvement scale MP-2021 (adopted January 1, 2022). As a generational table, it reflects mortality improvements both before and after the measurement date.

Rationale for assumption: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement

It is assumed that all participants will retire at Normal Retirement age (age 65 and 5 years of service from date of hire).

Rationale for assumption: This assumption represents our best estimate for the group. We believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Payment

The current assumption is that the form of payment elected at retirement will be the life annuity.

Rationale for assumption: Because optional forms of benefit are actuarially equivalent, we believe a single form of payment assumption is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marital Characteristics

The current assumption is that 80% of future retirees are assumed to be married at retirement. Actual data is used for current retirees.

Rationale for assumption: This assumption is based on generally accepted industry standards.

The current assumption is that females are three years younger than males.

Rationale for assumption: This assumption was developed based on a review of the plan's historical experience.

We believe the spousal assumptions selected are reasonable for the contingencies being measured and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

2024 Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 13-5185700 / 001

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan Information

EIN/PN: 13-5185700/001

Employer: Sensient Colors, Inc.

Name of Plan: Sensient Colors, Inc. Pension Plan for Bargaining Unit Employees

Effective Date of Plan: May 1, 1968, restated as of January 1, 1989.

Effective Date of Latest Amendment: January 1, 2010.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Definitions

Accrued Benefit: The following (but not less than the benefit determined under Section (ii) below):

For a Participant who terminates employment or transfers out of the Plan

(a) on or after August 20, 1995

(i) the monthly amount of the Normal Retirement Pension on a single-life basis, payable on his Normal Retirement date shall be the greater of the Minimum Benefit described in Subsection (ii) or the applicable amount set forth under Paragraph (A), (B), (C), (D), (E), (F), (G), (H) or (I):

(A) For a Participant who retires on or after August 20, 1995 but before August 20, 1996, \$16 multiplied by his Credited Service.

(B) For a Participant who retires on or after August 20, 1996 but before August 16, 1997, \$17 multiplied by his Credited Service.

(C) For a Participant who retires on or after August 20, 1997 but before August 16, 1998, \$18 multiplied by his Credited Service.

(D) For a Participant who retires on or after August 16, 1998 but before August 16, 1999, \$19 multiplied by his Credited Service.

(E) For a Participant who retires on or after August 16, 1999 but before August 16, 2000, \$20 multiplied by his Credited Service.

(F) For a Participant who retires on or after August 16, 2000 but before August 21, 2001, \$21 multiplied by his Credited Service.

(G) For a Participant who retires on or after August 21, 2001 but before August 21, 2002, \$23 multiplied by his Credited Service.

(H) For a Participant who retires on or after August 21, 2002 but before August 21, 2003, \$24 multiplied by his Credited Service.

(I) For a Participant who retires on or after August 21, 2003, \$25 multiplied by his Credited Service.

2024 Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 13-5185700 / 001

(ii) Minimum Benefit: The monthly amount of the Normal Retirement Pension on a single-life basis, payable his Normal Retirement Date shall equal the sum of the amounts described in paragraphs (A) through (L):

- (A) \$10.00 per month for each year of Credited Service prior to August 19, 1981.
- (B) \$11.00 per month for each year of Credited Service on or after August 19, 1981 but prior to August 19, 1982.
- (C) \$12.00 per month for each year of Credited Service on or after August 19, 1982 but prior to June 7, 1983.
- (D) \$13.00 per month for each year of Credited Service on or after June 7, 1983 but prior to August 19, 1984.
- (E) \$14.00 per month for each year of Credited Service on or after August 19, 1984 but prior to August 19, 1985.
- (F) \$15.00 per month for each year of Credited Service on or after August 19, 1985 but prior to August 19, 1986.
- (G) \$16.00 per month for each year of Credited Service on or after August 19, 1986 but prior to August 19, 1987.
- (H) \$17.00 per month for each year of Credited Service on or after August 19, 1987 but prior to August 19, 1988.
- (I) \$18.00 per month for each year of Credited Service on or after August 19, 1988 but prior to June 5, 1989.
- (J) \$19.00 per month for each year of Credited Service on or after June 5, 1989 but prior to August 19, 1990.
- (K) \$20.00 per month for each year of Credited Service on or after August 19, 1990 but prior to August 19, 1991.
- (L) \$21.00 per month for each year of Credited Service on or after August 19, 1991 but prior to August 20, 1995.

(b) Prior to August 20, 1995

(i) the monthly amount of the Normal Retirement Pension on a single-life basis, payable on his Normal Retirement date shall be the greater of the Minimum Benefit described in Subsection (a) (ii) or the applicable amount set forth under paragraph (A), (B) or (C):

- (A) For a Participant who retires on or after August 19, 1992 but before August 19, 1993, \$14 multiplied by his Credited Service.
- (B) For a Participant who retires on or after August 19, 1993, but before August 19, 1994, \$14.50 multiplied by his Credited Service.
- (C) For a Participant who retires on or after August 19, 1994 but before August 20, 1995, \$15 multiplied by his Credited Service.

2024 Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 13-5185700 / 001

Credited Service: One year for each Plan Year in which the Participant completes at least 1,800 hours of service.

Vesting: 100% vested after completion of 5 Years of Plan Participation.

Eligibility for Participation

Eligibility: Enter the Plan on the first day of the month coincident with or next following attainment of age 21 and completion of 12 months of employment with at least 1,000 hours of service.

Employee Contributions: Employees are neither required nor allowed to contribute to the Plan.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of the Participant's attainment of age 65 and fifth anniversary of participation.

Normal Retirement Benefit: A Participant's Accrued Benefit commencing on his or her Normal Retirement Date.

Early Retirement

Early Retirement Date: Attainment of age 55, and completion of 15 Years of Vesting Service.

Early Retirement Benefit: Accrued Benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next five years by which the Early Retirement Date precedes the Normal Retirement Date.

Disability

Disability Retirement Date: The first day of any month following termination of an active Participant who becomes totally and permanently disabled after completion of 15 years of Vesting Service.

Disability Retirement Benefit: Accrued Benefit determined on the date of the Participant's total disability, payable on his Normal Retirement Date. A Participant may elect an earlier commencement of his Disability Retirement Benefit at any time on or after the date of the Participant's total disability, but the amount thereof shall be 1/180th for each of the first sixty months and 1/360th for each of the next sixty months and actuarially reduced for each additional month which the date of commencement of the Disability Retirement Benefit precedes the Participant's Normal Retirement Date.

Death Benefit

In the event of a Participant's death after meeting the requirements for Early Retirement, the eligible surviving spouse (i.e., married for at least one year) shall receive for life, a pension equal to one-half of the Participant's Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month in which death occurred.

The surviving spouse of a married active vested Participant who dies prior to being eligible for Early Retirement shall be entitled to a benefit equal to one-half of the 50% Joint and Survivor benefit the Participant would have received had he survived and retired on the earliest possible retirement date.

2024 Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 13-5185700 / 001

Forms of Payment

Normal Form of Payment: Life Annuity

Optional Benefit Forms: Single Life Annuity, 10 Year Certain & Continuous, Joint & 50% Survivor Annuity, Joint & 75% Survivor Annuity, Joint & 100% Survivor Annuity

Optional Form Conversion Factors: Interest: 8%, Mortality: UP84

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

EIN 13-5185700 Plan #001

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Asset	(d) Cost	(e) Current Value
	Government/Treasury	Federated Government Obligations Fund	\$ 103,973	\$ 103,973
	Vanguard	Vanguard Long-Term Investment-Grade Fund	\$ 1,176,001	940,066
	Vanguard	Vanguard Long-Term Treasury Fund Admiral Shares	\$ 742,555	563,877
	Vanguard	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	\$ 1,546,385	1,427,639
	Vanguard	Vanguard Intermediate-Term Treasury Fund Admiral Shares	\$ 1,109,795	1,015,732
	iShares	iShares Core S&P 500 ETF	\$ 724,983	959,548
	iShares	iShares Russell Mid-Cap ETF	\$ 90,383	108,997
	iShares	iShares Russell 2000 ETF	\$ 117,443	118,435
	iShares	iShares Core MSCI EAFE ETF	\$ 79,884	75,249
	SPDR	SPDR MSCI ACWI ex-US ETF	\$ 127,635	121,260
	Dodge & Cox	Dodge & Cox International Stock Fund	\$ 45,806	42,715
	Principal	Principal MidCap Fund Class R6	\$ 50,000	48,691
	WCM	WCM Focused International Growth Fund	\$ 50,927	39,858
	Touchstone	Touchstone Mid Cap Fund	\$ 25,880	33,963
		Total investments (held at end of year)	<u>\$ 5,991,650</u>	<u>\$ 5,600,003</u>

*This schedule has been derived from information certified as complete and accurate by PNC Bank.
See Independent Auditor's Report.*

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Sensient Colors, Inc. Pension Plan for the Bargaining Unit Employees
in United Steelworkers of America and its Local 6996-20

Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 13-5185700 Plan #001

Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Expense Incurred (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
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Category (iii) – Series of Security Transactions in Excess of 5% of Plan Assets

See Attachment A for listing of transactions.

There were no category (i), (ii) or (iv) reportable transactions.

This schedule has been derived from information certified as complete and accurate by PNC Bank. See Independent Auditor's Report.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Detail

5% Report by asset-aggregate

								Valuation	Threshold
								\$5,715,917.84	\$285,795.89
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
ISHARES CORE S&P 500 ETF	SAL	02/14/24	19.000	\$9,600.65	\$0.19	\$0.08	\$8,450.72	\$9,074.97	\$1,149.66
	SAL	03/07/24	58.000	29,613.64	0.58	0.24	25,796.93	27,702.54	3,815.89
	SAL	04/30/24	197.000	100,869.91	1.97	0.81	87,620.62	94,093.11	13,246.51
	SAL	05/21/24	37.000	19,673.27	0.37	0.16	16,456.66	17,672.31	3,216.08
	SAL	09/06/24	36.000	20,002.68	0.36	0.56	16,011.89	17,194.68	3,989.87
	SAL	10/03/24	87.000	49,731.81	0.87	1.39	38,695.40	41,553.81	11,034.15
	SAL	10/16/24	85.000	49,914.55	0.85	1.39	37,805.85	40,598.55	12,106.46
	SAL	11/25/24	67.000	40,022.45	0.67	1.12	29,799.91	32,001.21	10,220.75
	SAL	11/26/24	167.000	100,144.89	1.67	2.79	74,277.38	79,764.21	25,863.05
	SAL	11/27/24	308.000	185,339.00	3.08	5.16	136,990.61	147,110.04	48,340.15
SAL	12/04/24	164.000	99,308.56	1.64	2.77	72,943.05	78,331.32	26,361.10	
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$704,221.41	
11 SALES FOR				\$704,221.41					
ISHARES CORE MSCI EAFE ETF	SAL	02/14/24	142.000	\$9,979.76	\$1.42	\$0.08	\$9,120.97	\$9,989.70	\$857.29
	SAL	03/07/24	138.000	9,983.27	1.38	0.08	8,864.04	9,708.30	1,117.77
	PUR	04/30/24	1,044.000	75,590.82	26.10	0.00	75,616.92	75,616.92	0.00
	SAL	05/21/24	132.000	10,012.86	1.32	0.08	8,813.78	9,371.23	1,197.68
	SAL	07/16/24	3,239.000	243,459.44	80.98	6.77	216,271.36	229,950.14	27,100.33
1 PURCHASES FOR				\$75,590.82	TOTAL ISSUE AGGREGATE			\$349,026.15	
4 SALES FOR				\$273,435.33					
SPDR MSCI ACWI (EX-US) ETF	PUR	07/16/24	8,197.000	\$239,725.36	\$81.97	\$0.00	\$239,807.33	\$239,807.33	\$0.00
	PUR	10/03/24	1,153.000	35,137.56	28.83	0.00	35,166.39	35,166.39	0.00
	SAL	11/06/24	853.000	25,052.61	8.53	0.70	25,085.84	25,085.84	- 42.46
	SAL	11/25/24	349.000	9,992.01	3.49	0.28	10,263.73	10,263.72	- 275.49
	SAL	11/26/24	867.000	24,902.06	8.67	0.70	25,497.56	25,497.56	- 604.87
	SAL	11/27/24	1,739.000	49,983.03	43.48	1.39	51,142.17	51,142.17	- 1,204.01
	SAL	12/04/24	1,202.000	35,128.33	30.05	0.98	35,349.56	35,349.56	- 252.26
2 PURCHASES FOR				\$274,862.92	TOTAL ISSUE AGGREGATE			\$419,920.96	
5 SALES FOR				\$145,058.04					