

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN OF W. R. GRACE & CO.-CONN. CHEMICAL GROUP (BATON ROUGE PLANT)
1b Three-digit plan number (PN): 202
1c Effective date of plan: 04/03/2018
2a Plan sponsor's name (employer, if for a single-employer plan): W.R. GRACE & CO. -CT
2b Employer Identification Number (EIN): 13-5114230
2c Sponsor's telephone number: 410-531-4000
2d Business code (see instructions): 325100
3a Plan administrator's name and address: ADMINISTRATIVE COMMITTEE, 7500 GRACE DRIVE, BUILDING 100, COLUMBIA, MD 21044
3b Administrator's EIN: 13-2880089
3c Administrator's telephone number: 410-531-4000
4b EIN:
4d PN:
5a Total number of participants at the beginning of the plan year: 65
5b Total number of participants at the end of the plan year: 68
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item):
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item):
5d(1) Total number of active participants at the beginning of the plan year: 59
5d(2) Total number of active participants at the end of the plan year: 59
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/08/2025, DANIELLE LINDSEY. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546733. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	856536	1257662
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	856536	1257662
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	405000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	26734	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		431734
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1446	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	29162	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		30608
i Net income (loss) (subtract line 8h from line 8c)	8i		401126
j Transfers to (from) the plan (see instructions)	8j		

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

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

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>RETIREMENT PLAN OF W. R. GRACE & CO.-CONN. CHEMICAL GROUP (BATON ROUGE PLANT)</u>	B Three-digit plan number (PN) ▶	<u>202</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>W.R. GRACE & CO. -CT</u>	D Employer Identification Number (EIN) <u>13-5114230</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>855306</u>
	b Actuarial value	2b	<u>885315</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>6</u>	<u>46732</u>
	c For active participants	<u>59</u>	<u>904770</u>
	d Total	<u>65</u>	<u>951502</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.41 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>150349</u>
	b Expected plan-related expenses	6b	<u>37917</u>
	c Target normal cost	6c	<u>188266</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>09/19/2025</u> Date
	<u>TRICIA SCHWABENBAUER</u> Type or print name of actuary	<u>23-07200</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>410-547-2990</u> Telephone number (including area code)
	<u>MSC# 17852, AON PO BOX 7505 FORT WASHINGTON, PA 19034</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 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 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 188266
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	81150		7383	
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 195649
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 195649
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 378708
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 183059
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 checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	2									
25-29	1	1	1							
30-34	1		1							
35-39		1	8							
40-44		3	9							
45-49			8							
50-54			12							
55-59			7							
60-64			3							
65-69			1							
70+										

N-59

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)
 EIN: 13-5114230 PN: 202

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Form of Benefit Payment	See Table 5.
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)
 EIN: 13-5114230 PN: 202

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

5.00%

The applicable third segment rate limitation is 5.92%.

2023 Plan Year

6.75%

The applicable third segment rate limitation is 5.74%.

2024 Plan Year

6.25%

The applicable third segment rate limitation is 5.59%.

W. R. Grace determined the expected rate of return on plan assets in aggregate for all of its plans invested in the master trust, since they have the same investment allocations. The expected rate of return reflects administrative expenses of 0.90%, an active management alpha of 0.45%, and was determined on an arithmetic basis.

Trust Expenses Included in Target Normal Cost

\$37,917, actual expenses from prior year with a 5.00% load

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 1

Retirement Rates – Active Participants

Age	Rate
55	3.00%
56	4.00%
57	5.00%
58	6.00%
59	6.00%
60	5.00%
61	8.00%
62	12.00%
63	12.00%
64	8.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 2

Retirement Rates – Terminated Vested Participants

Age	Rate
55	7.00%
56	5.00%
57	5.00%
58	5.00%
59	7.00%
60	9.00%
61	7.00%
62	10.00%
63	9.00%
64	15.00%
65+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 3

Withdrawal Rates

Age	Years of Service		
	<5	5-9	10+
<20	11.00%	10.00%	9.00%
20	11.00%	10.00%	9.00%
21	11.00%	10.00%	9.00%
22	11.00%	10.00%	9.00%
23	11.00%	10.00%	9.00%
24	11.00%	10.00%	9.00%
25	11.00%	10.00%	9.00%
26	11.00%	10.00%	9.00%
27	11.00%	10.00%	9.00%
28	10.00%	9.00%	9.00%
29	10.00%	9.00%	9.00%
30	10.00%	9.00%	9.00%
31	9.00%	9.00%	9.00%
32	9.00%	9.00%	9.00%
33	9.00%	9.00%	9.00%
34	9.00%	9.00%	9.00%
35	9.00%	8.00%	8.00%
36	9.00%	8.00%	8.00%
37	8.00%	8.00%	8.00%
38	8.00%	8.00%	7.00%
39	8.00%	8.00%	7.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 3 continued

Withdrawal Rates

Age	Years of Service		
	<5	5-9	10+
40	8.00%	8.00%	6.00%
41	8.00%	7.00%	6.00%
42	7.00%	7.00%	5.00%
43	7.00%	7.00%	5.00%
44	7.00%	7.00%	5.00%
45	7.00%	7.00%	5.00%
46	7.00%	7.00%	5.00%
47	7.00%	7.00%	5.00%
48	7.00%	7.00%	5.00%
49	7.00%	7.00%	4.00%
50	7.00%	7.00%	4.00%
51	7.00%	7.00%	3.00%
52	7.00%	6.00%	3.00%
53	7.00%	6.00%	2.00%
54	7.00%	6.00%	2.00%
55+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 4

Disability Rates

Age	Rate	Age	Rate
18	0.04%	45	0.16%
19	0.04%	46	0.19%
		47	0.22%
20	0.04%	48	0.26%
21	0.04%	49	0.29%
22	0.04%		
23	0.04%	50	0.33%
24	0.04%	51	0.37%
		52	0.41%
25	0.04%	53	0.45%
26	0.05%	54	0.50%
27	0.05%		
28	0.05%	55	0.55%
29	0.05%	56	0.61%
		57	0.72%
30	0.05%	58	0.83%
31	0.05%	59	0.91%
32	0.05%		
33	0.06%	60	1.04%
34	0.06%	61	1.19%
		62	1.37%
35	0.06%	63	1.57%
36	0.07%	64	2.04%
37	0.07%		
38	0.07%	65+	0.00%
39	0.08%		
40	0.08%		
41	0.09%		
42	0.09%		
43	0.10%		
44	0.13%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 5

Form of Benefit Payment

Payment Form	Probability
5 Year Certain and Life	55.00%
100% Joint and Survivor Annuity	20.00%
75% Joint and Survivor Annuity	10.00%
50% Joint and Survivor Annuity	15.00%

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 Retirement Plan of W.R. Grace & Co.-Conn. Chemical Group (Baton Rouge Plant)	B Three-digit plan number (PN) ▶	202
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF W.R. Grace & Co.-CT	D Employer Identification Number (EIN) 13-5114230	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	855,306
	b Actuarial value	2b	885,315
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	6	46,732
	c For active participants	59	904,770
	d Total	65	951,502
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.41%
6	Target normal cost		
	a Present value of current plan year accruals	6a	150,349
	b Expected plan-related expenses	6b	37,917
	c Target normal cost	6c	188,266

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	Tricia Schwabenbauer	09/19/2025
	Signature of actuary	Date
	Tricia Schwabenbauer	2307200
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	410-547-2990
	Firm name	Telephone number (including area code)
	MSC# 17852, Aon PO Box 7505 Fort Washington PA 19034	
	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 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 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 188,266
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	81,150		7,383	
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)....				34 195,649
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 195,649
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 378,708
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 183,059
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 checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.41%	Interest Adjusted Contribution
April 11, 2025	\$ 405,000	466	\$ 378,708
Total Contribution	\$ 405,000		\$ 378,708

Schedule SB Attachment (Form 5500) –2024 Plan Year
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 Rouge Plant)
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Schedule SB, line 22 – Description of Weighted Average
 Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	3.00%	1.0000	1.65
56	4.00%	0.9700	2.17
57	5.00%	0.9312	2.65
58	6.00%	0.8846	3.08
59	6.00%	0.8316	2.94
60	5.00%	0.7817	2.35
61	8.00%	0.7426	3.62
62	12.00%	0.6832	5.08
63	12.00%	0.6012	4.55
64	8.00%	0.5291	2.71
65	35.00%	0.4867	11.07
66	35.00%	0.3164	7.31
67	35.00%	0.2056	4.82
68	35.00%	0.1337	3.18
69	40.00%	0.0869	2.40
70	100.00%	0.0521	3.65
	Weighted Average		63.23

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Form of Benefit Payment	See Table 5.
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)
 EIN: 13-5114230 PN: 202

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

5.00%

The applicable third segment rate limitation is 5.92%.

2023 Plan Year

6.75%

The applicable third segment rate limitation is 5.74%.

2024 Plan Year

6.25%

The applicable third segment rate limitation is 5.59%.

W. R. Grace determined the expected rate of return on plan assets in aggregate for all of its plans invested in the master trust, since they have the same investment allocations. The expected rate of return reflects administrative expenses of 0.90%, an active management alpha of 0.45%, and was determined on an arithmetic basis.

Trust Expenses Included in Target Normal Cost

\$37,917, actual expenses from prior year with a 5.00% load

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 1

Retirement Rates – Active Participants

Age	Rate
55	3.00%
56	4.00%
57	5.00%
58	6.00%
59	6.00%
60	5.00%
61	8.00%
62	12.00%
63	12.00%
64	8.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 2

Retirement Rates – Terminated Vested Participants

Age	Rate
55	7.00%
56	5.00%
57	5.00%
58	5.00%
59	7.00%
60	9.00%
61	7.00%
62	10.00%
63	9.00%
64	15.00%
65+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 3

Withdrawal Rates

Age	Years of Service		
	<5	5-9	10+
<20	11.00%	10.00%	9.00%
20	11.00%	10.00%	9.00%
21	11.00%	10.00%	9.00%
22	11.00%	10.00%	9.00%
23	11.00%	10.00%	9.00%
24	11.00%	10.00%	9.00%
25	11.00%	10.00%	9.00%
26	11.00%	10.00%	9.00%
27	11.00%	10.00%	9.00%
28	10.00%	9.00%	9.00%
29	10.00%	9.00%	9.00%
30	10.00%	9.00%	9.00%
31	9.00%	9.00%	9.00%
32	9.00%	9.00%	9.00%
33	9.00%	9.00%	9.00%
34	9.00%	9.00%	9.00%
35	9.00%	8.00%	8.00%
36	9.00%	8.00%	8.00%
37	8.00%	8.00%	8.00%
38	8.00%	8.00%	7.00%
39	8.00%	8.00%	7.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 3 continued

Withdrawal Rates

Age	Years of Service		
	<5	5-9	10+
40	8.00%	8.00%	6.00%
41	8.00%	7.00%	6.00%
42	7.00%	7.00%	5.00%
43	7.00%	7.00%	5.00%
44	7.00%	7.00%	5.00%
45	7.00%	7.00%	5.00%
46	7.00%	7.00%	5.00%
47	7.00%	7.00%	5.00%
48	7.00%	7.00%	5.00%
49	7.00%	7.00%	4.00%
50	7.00%	7.00%	4.00%
51	7.00%	7.00%	3.00%
52	7.00%	6.00%	3.00%
53	7.00%	6.00%	2.00%
54	7.00%	6.00%	2.00%
55+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Table 4

Disability Rates

Age	Rate	Age	Rate
18	0.04%	45	0.16%
19	0.04%	46	0.19%
		47	0.22%
20	0.04%	48	0.26%
21	0.04%	49	0.29%
22	0.04%		
23	0.04%	50	0.33%
24	0.04%	51	0.37%
		52	0.41%
25	0.04%	53	0.45%
26	0.05%	54	0.50%
27	0.05%		
28	0.05%	55	0.55%
29	0.05%	56	0.61%
		57	0.72%
30	0.05%	58	0.83%
31	0.05%	59	0.91%
32	0.05%		
33	0.06%	60	1.04%
34	0.06%	61	1.19%
		62	1.37%
35	0.06%	63	1.57%
36	0.07%	64	2.04%
37	0.07%		
38	0.07%	65+	0.00%
39	0.08%		
40	0.08%		
41	0.09%		
42	0.09%		
43	0.10%		
44	0.13%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Table 5

Form of Benefit Payment

Payment Form	Probability
5 Year Certain and Life	55.00%
100% Joint and Survivor Annuity	20.00%
75% Joint and Survivor Annuity	10.00%
50% Joint and Survivor Annuity	15.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, Part V – Summary of Plan Provisions

General Information

Original Effective Date April 3, 2018
 Effective Date of Last Amendment N/A
 Plan Year January 1st to December 31st
 Employer Fiscal Year January 1st to December 31st
 Employer ID Number 13-5114230
 Plan Administrator's ID Number 13-5114230
 Plan Number 202
 Plan Administrator Administrative Committee

Eligibility Later of age 21 or January 1 following date of hire.

Service

Credited Service From date of hire.
 Vesting Service 1,000 hours of service.

Normal Retirement

Eligibility Age 65.
 Benefit Benefit Level per month multiplied by Credited Service:

Effective Date	Benefit Level
04/03/2018	\$50.00

Average Compensation N/A.

Early Retirement

Eligibility Age 55 and 10 years of service.
 Benefit Accrued Benefit reduced 7/12% per month preceding age 60.

Disability Benefits

Eligibility Must qualify under company's long-term disability plan.
 Benefit Accrued benefit commencing at retirement. Reduced for early retirement.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)
 EIN: 13-5114230 PN: 202

Postponed Retirement

Eligibility Actual retirement after age 65.
 Benefit A monthly benefit equal to the accrued benefit calculated as of the actual retirement date.

Preretirement Death

Eligibility Five years of service or age 55.
 Benefit Accrued benefit at age 55.

Severance Benefit

Eligibility
 Fewer Than Five Years of Service 0%
 Five or More Years of Service 100%
 Benefit Accrued Benefit at age 65.

Temporary Early Retirement Allowance (TERA)

Eligibility Age 55 and 15 years of service.
 Benefit

Amount	If at Their Early Retirement Date the Eligible Member:	
	Has Attained Age	But has not Attained Age
\$5.00	60	62
\$4.60	59	60
\$4.20	58	59
\$3.80	57	58
\$3.40	56	57
\$3.00	55	56

Normal Form of Payment

Married Reduced 50% joint and survivor with 5 year certain.
 Single Five year certain and life annuity.

Optional Methods of Settlement

Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, or 50% is paid to his beneficiary with 5-year certain.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

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

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 6.75% to 6.25%.

These changes were made to better reflect the anticipated plan experience. The funding assumption changes did not reduce the funding shortfall more than the funding thresholds stated in the Internal Revenue Code section 430(h)(5); as such, approval of the Commissioner is not required.

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 Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
 Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	2									
25-29	1	1	1							
30-34	1		1							
35-39		1	8							
40-44		3	9							
45-49			8							
50-54			12							
55-59			7							
60-64			3							
65-69			1							
70+										

N-59

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 81,150	January 1, 2024	15	\$ 7,383

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
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EIN: 13-5114230 PN: 202

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.41%	Interest Adjusted Contribution
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Total Contribution	\$ 405,000		\$ 378,708

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

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(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
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	Weighted Average		63.23

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\$4.60	59	60
\$4.20	58	59
\$3.80	57	58
\$3.40	56	57
\$3.00	55	56

Normal Form of Payment

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Optional Methods of Settlement

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

EIN: 13-5114230 PN: 202

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan of W. R. Grace & Co. - Conn. Chemical Group (Baton
Rouge Plant)

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Rouge Plant)

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