

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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	
1a	Name of plan MCA PENSION PLAN - METHACRYLATES DIVISION	1b Three-digit plan number (PN) ▶ 004
		1c Effective date of plan 04/01/1999
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) MITSUBISHI CHEMICAL AMERICA, INC. 6070 POPLAR AVENUE, SUITE 600 MEMPHIS, TN 38119	2b Employer Identification Number (EIN) 52-2196843 2c Plan Sponsor's telephone number 901-381-2121 2d Business code (see instructions) 325500

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.	10/13/2025	KELLY BECK
	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 ☒ 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	5 547
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) 38 6a(2) 33 6b 317 6c 133 6d 483 6e 60 6f 543 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 1
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	004
MCA PENSION PLAN - METHACRYLATES DIVISION		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MITSUBISHI CHEMICAL AMERICA, INC.		
52-2196843		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556439-E1	543	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10841394

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 MCA PENSION PLAN - METHACRYLATES DIVISION	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MITSUBISHI CHEMICAL AMERICA, INC.	D Employer Identification Number (EIN) 52-2196843
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	95970302	
b	Actuarial value	2b	101439376	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	370	87761285	87761285
b	For terminated vested participants	139	7931657	7931657
c	For active participants	38	5915369	5942937
d	Total	547	101608311	101635879
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	5.04 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	300000	
c	Target normal cost	6c	300000	

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 MICHAEL J. GRENIER, A.S.A., E.A. Type or print name of actuary EMPOWER Firm name 280 TRUMBULL STREET HARTFORD, CT 06103 Address of the firm	09/02/2025 Date 23-05523 Most recent enrollment number 303-737-6246 Telephone number (including area code)
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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	2352576
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1016149
9 Amount remaining (line 7 minus line 8)	0	1336427
10 Interest on line 9 using prior year's actual return of <u>12.75</u> %	0	170394
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1506821

Part III Funding Percentages

14 Funding target attainment percentage	14	98.32 %
15 Adjusted funding target attainment percentage	15	98.43 %
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	95.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 % ☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	300000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1703324	174426	
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	474426	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	474426	474426
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan MCA PENSION PLAN - METHACRYLATES DIVISION	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MITSUBISHI CHEMICAL AMERICA, INC.	D Employer Identification Number (EIN) 52-2196843

Part I	Service Provider Information (see instructions)
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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
EMPOWER ANNUITY INSURANCE COMPANY
06-1050034

(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)

PRUDENTIAL TRUST CO

23-6994310

(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?
28	NONE	64068	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MCA PENSION PLAN - METHACRYLATES DIVISION		B Three-digit plan number (PN) ▶ 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MITSUBISHI CHEMICAL AMERICA, INC.		D Employer Identification Number (EIN) 52-2196843
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT-TERM		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-257	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2436600
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPGP EUROPACGR		
b Name of sponsor of entity listed in (a): CAPITAL BANK & TRUST CO		
c EIN-PN 95-6597294-661	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3587809
a Name of MTIA, CCT, PSA, or 103-12 IE: WINSLOW CAP US LG CAP GR		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-852	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4816985
a Name of MTIA, CCT, PSA, or 103-12 IE: CARILLONEAGLE MCG FDRS		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 83-0524193-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE / KENNEDY CAPIT		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-257	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRU U.S. LONG DURATION CORP BD		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-159	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22288965
a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CR PL BOND CIT		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-165	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26911288
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Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan MCA PENSION PLAN - METHACRYLATES DIVISION	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MITSUBISHI CHEMICAL AMERICA, INC.	D Employer Identification Number (EIN) 52-2196843

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	20148467	49200253
(10) Value of interest in pooled separate accounts	1c(10)	7079294	10841394
(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)	68742541	31424694
(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	95970302	91466341
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	95970302	91466341

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2256583	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2256583
(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)		-306093
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		389408
(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)		1644567
c Other income	2c		13517
d Total income. Add all income amounts in column (b) and enter total	2d		3997982

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8128036	
(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)		8128036
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)	64068	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	309839	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		373907
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8501943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4503961
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: **CBIZ CPAS P.C.**

(2) EIN: **43-1947695**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 544438.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MCA PENSION PLAN - METHACRYLATES DIVISION		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 MITSUBISHI CHEMICAL AMERICA, INC.		D Employer Identification Number (EIN) 52-2196843
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 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670 20-3691708		
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 0
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

**MITSUBISHI CHEMICAL AMERICA PENSION
PLAN METHACRYLATES DIVISION**

Financial Statements
Years Ended December 31, 2024 and 2023

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Contents

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Independent Auditors' Report

To the Employee Benefits Council
Mitsubishi Chemical America Pension Plan Methacrylates Division
Memphis, Tennessee

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

We have performed the audits of the financial statements of Mitsubishi Chemical America Pension Plan Methacrylates Division (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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in note 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements 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 Auditors' 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 accounting principles generally accepted in the United States of America, 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 within one year after the date that the financial statements are issued or 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.

Auditors' 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 auditors' 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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 audit 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 its form and content, is presented in conformity with the Department of Labor'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 Department of Labor'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).

CBIZ CPAs P.C.

Memphis, Tennessee
October 9, 2025

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value (see note 6)	\$ <u>91,466,341</u>	\$ <u>95,970,302</u>
Net assets available for benefits	\$ <u><u>91,466,341</u></u>	\$ <u><u>95,970,302</u></u>

The accompanying notes are an integral
part of these financial statements.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 1,741,399	\$ 7,085,876
Dividends	<u>2,256,583</u>	<u>4,728,697</u>
Total additions	3,997,982	11,814,573
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	8,128,036	8,882,022
Benefits paid to insurance carrier for provision of benefits	-	6,856,700
Administrative expenses	<u>373,907</u>	<u>625,348</u>
Total deductions	<u>8,501,943</u>	<u>16,364,070</u>
Net decrease in net assets	(4,503,961)	(4,549,497)
Net assets available for benefits		
Beginning of year	<u>95,970,302</u>	<u>100,519,799</u>
End of year	<u>\$ 91,466,341</u>	<u>\$ 95,970,302</u>

The accompanying notes are an integral
part of these financial statements.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements
December 31, 2024 and 2023

Note 1 - Description of Plan

The following description of Mitsubishi Chemical America Pension Plan Methacrylates Division (the "Plan") provides only general information. Participants should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

Effective April 1, 2021 (the "Merger Date"), Lucite International, Inc. (plan sponsor) merged into and with its parent company, Mitsubishi Chemical America, Inc. (MCA). Accordingly, MCA became the plan sponsor and the Company was renamed "Methacrylates Division of MCA." As of the Merger Date, the Plan was renamed to "Mitsubishi Chemical America Pension Plan Methacrylates Division." These changes do not impact the day-to-day operations of the Plan. The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Mitsubishi Chemical America, Inc. - Methacrylates Division (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Board of Directors of the Company (the "Board") executed an amendment on November 15, 2006 to freeze accrued benefits of all employees, other than those "designated employees," under the Plan effective December 31, 2007. For purposes of computing a participant's retirement benefit, years of credited service was frozen as of December 31, 2007. However, a participant will continue to accrue additional years of service beyond December 31, 2007 for vesting purposes only. Employees hired after November 26, 2006 are not eligible to participate in the Plan.

The Board executed an amendment on December 31, 2009 to freeze accrued benefits of those "designated employees" under the Plan effective December 31, 2009. For purposes of computing a "designated employee's" retirement benefit, years of credited service was frozen as of December 31, 2009. Designated employees are defined as active employees on December 31, 2007 who have attained age fifty-five (55) and completed at least fifteen (15) years of service under the Plan.

During 2023, the Company entered into a contract for a group annuity to transfer the obligation to pay a portion of retirement benefits to a group of the Plan's participants to United of Omaha Life Insurance Company. The transfer of approximately \$6,850,000 in both plan obligations and plan assets was completed in October 2023. United of Omaha Life Insurance Company's services under the contract include providing the participants with annuity benefits commencing January 2024. The contract remains in effect until the date no further annuity amounts are payable.

Pension benefits

Benefits become vested after a participant has five years of credited service, or on his or her normal retirement date (age 65) if he or she is employed on that date. Distributions are paid in the form of a lump-sum payment or monthly annuity payments as defined in the plan document. The

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 1 - Description of Plan (continued)

Pension benefits (continued)

amount of a participant's lump-sum or monthly benefit is computed based upon date of retirement or termination, average compensation, credited service, and social security wages, as defined. The Plan permits reduced benefits for those participants electing early retirement as defined in the plan document.

Death and disability benefits

If an active participant dies, the participant's surviving spouse or designated beneficiary is entitled to a death benefit as defined in the plan document. Participants who have fifteen (15) years of credited service when terminated from employment due to long-term disability receive benefits as defined in the plan document.

Note 2 - Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefit payments are recorded when paid.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies (continued)

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses reduce investment income presented in the accompanying statements of changes in net assets available for benefits.

Note 3 - Funding policy

The Plan's funding policy is for the Company to make annual contributions in the amounts that are estimated to fully provide all accrued benefits by the time each participant retires and to meet the minimum funding requirements of ERISA. The Company's contributions are to be made in cash no later than the earlier of the date permitted by law for meeting the minimum funding standards or the date for making tax deductible contributions. During 2024 and 2023, there was a minimum funding requirement of \$474,426 and \$1,016,149. The Company utilized prefunding credits to satisfy the full amount of the minimum funding requirement during 2024 and 2023. Accordingly, the Company did not make contributions to the Plan during 2024 and 2023.

Note 4 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by employees prior to the freeze date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. The accumulated plan benefits are based upon the participants' estimated monthly benefits which are computed based upon date of retirement or termination, average compensation, credited service, and social security wages, as defined in the plan document. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered prior to the date the Plan was frozen.

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary, and is that amount which results from applying actuarial assumptions to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material difference.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 4 - Actuarial present value of accumulated plan benefits (continued)

The actuarial present value of accumulated benefits at January 1, 2024 and changes in those accumulated benefits is as follows.

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 83,662,397
Active participants and participants with deferred vested benefits	<u>13,039,432</u>
	96,701,829
Non-vested benefits	<u>24,324</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 96,726,153</u>

Changes in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 100,445,276
Interest	5,974,809
Benefits accumulated and actuarial (gain)/loss	292,324
Benefits paid	(15,738,722)
Changes in actuarial assumptions	<u>5,752,466</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024	<u>\$ 96,726,153</u>

The more significant methods and assumptions used by the actuaries in their valuation are as follows:

Actuarial cost method - unit credit actuarial cost method
Asset valuation - market value of the assets
Interest rate - 5.75% for 2024 compounded annually and 6.50% for 2023 compounded annually
Normal retirement age - 65
Basis of accumulated plan benefits - credited years of service, benefit formula
Mortality rates - Pri-2012 Total Dataset Mortality Table with Scale MP-2021

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

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 5 - Information prepared and certified by the trustees and custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC (Empower) and Prudential Trust Company (Prudential), the trustees and custodians, have certified the following data included in the accompanying financial statements and the supplemental schedules are complete and accurate.

- Investments at fair value
- Net appreciation in fair value of investments
- Dividends
- Schedule of assets (held at end of year)
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and the supplemental schedules.

Note 6 - Fair value measurements

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

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 6 - Fair value measurements (continued)

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Common/collective trust funds: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual funds: Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at the NAV of units of the separate accounts. The NAV, as provided by Empower, is used as a practical expedient to estimating fair value. The NAV is based upon fair value of the underlying investments held by the account less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

	Investments at Fair Value as of December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>31,424,694</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 31,424,694
Investments measured at NAV practical expedient *				<u>60,041,647</u>
Total				\$ <u>91,466,341</u>

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 6 - Fair value measurements (continued)

	Investments at Fair Value as of December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>68,742,541</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 68,742,541
Investments measured at NAV practical expedient *				<u>27,227,761</u>
Total				\$ <u>95,970,302</u>

- * In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The fair value of investments in the pooled separate accounts and common/collective trust funds have been estimated using the net asset value of the investments. The pooled separate accounts and common/collective trust fund listed above are redeemed on a daily basis and do not have any redemption restrictions, other than as discussed above. Additionally, there are no unfunded commitments.

Note 7 - Related party transactions and party-in-interest transactions

Plan investments include interests in pooled separate accounts, common/collective trust fund, and mutual funds managed by Empower and Prudential. Empower and Prudential are the trustees and the custodians for the Plan and provide the Plan with certain record keeping and administrative services. These services provided and the investments and related investment transactions qualify as party-in-interest transactions. During 2024, the Plan incurred direct payments of \$64,068 to Prudential. No direct payments were made to Empower or Prudential in 2023. In 2023, the Plan incurred direct payments to other related parties totaling \$82,150. No direct payments to other related parties were made in 2024. Certain fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments as they are paid through revenue sharing, rather than a direct payment. The Company pays directly any other fees related to the Plan's operations.

Note 8 - Plan termination

Although it has not expressed the intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the plan document. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 8 - Plan termination (continued)

- a. Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below
- b. Vested benefits not insured by the PBGC
- c. All nonvested benefits

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

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

Note 9 - Tax status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated August 5, 2014, stating that the Plan is qualified under the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

Note 10 - Risks, uncertainties and concentrations

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Notes to Financial Statements (Continued)
December 31, 2024 and 2023

Note 10 - Risks, uncertainties and concentrations (continued)

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

As of December 31, 2024, the Prudential Core Plus Bond Fund, Vanguard Total Bond Market Index, and Prudential U.S. Long Duration Corporate Bond made up approximately 70% of the Plan's investments. As of December 31, 2023, the Prudential Total Return Bond Z, Vanguard Total Bond Market Index, and Prudential U.S. Long Duration Corporate Bond made up approximately 60% of the Plan's investments.

Note 11 - Subsequent events

Plan management has evaluated subsequent events through October 9, 2025, which is the date that the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 52-2196843 / Plan Number: 004

December 31, 2024

<u>(a)</u>	<u>(b)(c) Identity of Issue/Description</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Mutual funds</u>		
	Vanguard Total Bond Market Index Fund	\$ 14,258,306	\$ 14,020,410
	Vanguard Long Term Bond Institutional Index Fund	5,703,358	5,443,921
	Vanguard Equity Income A Fund	4,542,481	4,619,641
	T. Rowe Price Overseas Stock I Fund	2,352,368	3,580,702
	Vanguard Small Cap Index Admiral Fund	1,879,431	1,890,178
	Vanguard Mid Cap Index Admiral Fund	<u>1,882,400</u>	<u>1,869,842</u>
		30,618,344	31,424,694
	<u>Pooled separate accounts</u>		
	Prudential Retirement Insurance and Annuity Company		
*	Winslow US Large Cap Growth Fund	4,669,062	4,816,985
*	Capital Group EuroPacific Growth Fund	3,747,523	3,587,810
*	Prudential Short Term Bond Fund	<u>2,406,377</u>	<u>2,436,600</u>
		10,822,962	10,841,395
	<u>Common/collective trust funds</u>		
*	Prudential Core Plus Bond Fund	27,042,221	26,911,345
*	Prudential U.S. Long Duration Corporate Bond Fund	<u>22,785,333</u>	<u>22,288,907</u>
		<u>49,827,554</u>	<u>49,200,252</u>
		<u>\$ 91,268,860</u>	<u>\$ 91,466,341</u>

* Represents a party-in-interest as defined by ERISA.

mitsubishi chemical america pension plan methacrylates division

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 52-2196843 / Plan Number: 004

For the Year Ended December 31, 2024

Identity of Party (a)	(b) Description of Asset	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value at Transaction (h) Date	Net Gain (i) (Loss)
Series of transactions in excess of 5% of Plan assets						
Empower Trust Company	Prudential Total Return Bond Z Fund	\$ -	\$ 22,141,400	\$ 25,690,404	\$ 22,141,400	\$ (3,549,004)
Empower Trust Company	Vanguard Long Term Trust Index Admiral Fund	-	5,544,183	6,153,430	5,544,183	(609,247)
Empower Trust Company	MainStay Winslow Large Cap Growth Fund	-	5,079,377	3,692,449	5,079,377	1,386,928
Empower Trust Company	Vanguard Total Bond Market Index Fund	-	6,021,409	6,041,111	6,021,409	19,702
Prudential Trust Company	Prudential Core Plus Bond Fund	27,290,268	-	27,290,268	27,290,268	-
Empower Trust Company	Vanguard Long Term Bond Institutional Index Fund	5,641,254	-	5,641,254	5,641,254	-
Prudential Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	22,642,410	-	22,642,410	22,642,410	-

Distribution of active participants by age and service

Number of active participants as of January 1, 2024 – distribution by age and service

Active participant counts are shown below.

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49			4								4
50-54		3	1	5							9
55-59		2	4	1	2	1					10
60-64			2	2	2	1	3				10
65-69				1		2	2				5
70+											
Total		5	11	9	4	4	5				38

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target. Future widening of the interest rate stabilization corridor may extend the time period for the plan to become fully funded.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

Segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

<u>Plan year</u>	<u>Corridor</u>
Through 2030	95% - 105%
2031	90% - 110%
2032	85% - 115%
2033	80% - 120%
2034	75% - 125%
2035 and later	70% - 130%

In the event the 25-year average of either the first, second, or third segment rate falls below 5%, the 25-year average of such rate will be deemed to be 5%.

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

Sponsor elections

Discount rate: Segment rates, with a 4-month lookback

Mortality table: IRC Sec 430 2024 generational mortality table

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

Actuarial assumptions

Funding Assumptions:

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The termination and retirement age assumptions consider the experience study completed in October 2019 based on plan experience from 2013 through 2018.

An annual review of actuarial assumptions is completed and there has been no consistent pattern of material gains or losses occurring for any non-prescribed assumptions.

The investment return is based on the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

ASC 960 Assumptions:

All assumptions are set by the plan sponsor and they align with the Funding Assumptions except for the mortality assumption. Note that the discount rate for ASC 960 aligns with the Investment Return assumption used in the ERISA Funding measurement.

The mortality assumption reflects experience from representative populations, based on the Pri-2012 Private Retirement Plans Total Dataset Mortality Table Report issued by the Society of Actuaries (SOA) in October 2019 and the Mortality Improvement Scale MP-2021 issued by the SOA in October 2021.

MCA Pension Plan - Methacrylates Division
 EIN / PN 52-2196843/004
 Form 5500 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Below are the actuarial assumptions as of January 1, 2024:

Discount Rate:	With Interest	Without Interest	
	<u>Rate Stabilization</u>	<u>Rate Stabilization</u>	<u>ASC 960</u>
Effective Rate	5.04%	4.40%	5.75%
First Segment – First 5 Years	4.75%	3.62%	N/A
Second Segment – Next 15 Years	4.87%	4.46%	N/A
Third Segment – After 20 Years	5.59%	4.52%	N/A

Mortality:

Funding: The IRS 2024 Generational Mortality Table

ASC 960: Pri-2012 Total Dataset with Scale MP-2021

Investment Return: 5.75% per annum.

Salary Scale: N/A

Estimated Expenses: \$300,000

Termination: The annual rates of termination at selected ages are:

<u>Age</u>	<u>Male/Female</u>
20	20.0%
25	20.0%
30	15.0%
35	15.0%
40	12.0%
45	7.0%
50	2.0%
55+	0.0%

MCA Pension Plan - Methacrylates Division
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Form 5500 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement Age:

The annual rates of retirement from active service are:

<u>Age</u>	<u>Male/Female</u>
55-58	2.0%
59-60	5.0%
61	10.0%
62-64	17.5%
65	25.0%
66	40.0%
67	100.0%

Age 65 for terminated vested participants. Participants at or beyond this age are assumed to retire immediately.

Form of Payment:

Life annuity; 40% Joint and Survivor annuity for former Dupont Acrylics employees

Any MRB portion of the accrued benefit is assumed to be payable as a lump sum, using a discount rate of 5%.

Survivor's Benefit:

80% of male employees and 80% of female employees are assumed to be married, and husbands are assumed to be 3 years older than wives.

mitsubishi chemical america pension plan methacrylates division

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 52-2196843 / Plan Number: 004

For the Year Ended December 31, 2024

Identity (a) of Party	(b) Description of Asset	Purchase (c) Price	Selling (d) Price	Cost of (g) Asset	Current Value at Transaction (h) Date	Net Gain (i) (Loss)
<u>Series of transactions in excess of 5% of Plan assets</u>						
Empower Trust Company	Prudential Total Return Bond Z Fund	\$ -	\$ 22,141,400	\$ 25,690,404	\$ 22,141,400	\$ (3,549,004)
Empower Trust Company	Vanguard Long Term Trust Index Admiral Fund	-	5,544,183	6,153,430	5,544,183	(609,247)
Empower Trust Company	MainStay Winslow Large Cap Growth Fund	-	5,079,377	3,692,449	5,079,377	1,386,928
Empower Trust Company	Vanguard Total Bond Market Index Fund	-	6,021,409	6,041,111	6,021,409	19,702
Prudential Trust Company	Prudential Core Plus Bond Fund	27,290,268	-	27,290,268	27,290,268	-
Empower Trust Company	Vanguard Long Term Bond Institutional Index Fund	5,641,254	-	5,641,254	5,641,254	-
Prudential Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	22,642,410	-	22,642,410	22,642,410	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 MCA Pension Plan - Methacrylates Division	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mitsubishi Chemical America Inc	D Employer Identification Number (EIN) 52-2196843
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	95,970,302	
b	Actuarial value	2b	101,439,376	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	370	87,761,285	87,761,285
b	For terminated vested participants	139	7,931,657	7,931,657
c	For active participants	38	5,915,369	5,942,937
d	Total	547	101,608,311	101,635,879
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	5.04%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	300,000	
c	Target normal cost	6c	300,000	

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	Michael Grenier <i>mjg</i> Signature of actuary Michael J. Grenier, A.S.A., E.A. Type or print name of actuary Empower Firm name 280 Trumbull Street Hartford CT 06103 Address of the firm	9/2/2025 Date 2305523 Most recent enrollment number 303-737-6246 Telephone number (including area code)
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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%	☐ 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)	☐ 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	300,000
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	1,703,324	174,426
	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		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		474,426
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	474,426
36	Additional cash requirement (line 34 minus line 35).....		0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		0
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		0
40	Unpaid minimum required contributions for all years		0

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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MCA Pension Plan - Methacrylates Division
EIN / PN: 52-2196843 / 004
2024 Schedule SB
Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	2.00%	0.020000	0.980000	1.100000
56	2.00%	0.019600	0.960400	1.097600
57	2.00%	0.019208	0.941192	1.094856
58	2.00%	0.018824	0.922368	1.091783
59	5.00%	0.046118	0.876250	2.720986
60	5.00%	0.043812	0.832437	2.628749
61	10.00%	0.083244	0.749194	5.077867
62	17.50%	0.131109	0.618085	8.128750
63	17.50%	0.108165	0.509920	6.814383
64	17.50%	0.089236	0.420684	5.711102
65	25.00%	0.105171	0.315513	6.836113
66	40.00%	0.126205	0.189308	8.329541
67	100.00%	0.189308	0.000000	<u>12.683619</u>
				63.315350

Changes since last year's valuation

Changes in pension plan provisions

During the plan year ending December 31, 2023, the plan purchased a group annuity contract using approximately \$6.9 million of plan assets to transfer the obligations of 225 retirees to an insurance company.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

The expense load was changed from \$600,000 to \$300,000.

The assumed investment return was changed from 6.50% to 5.75%.

Changes in actuarial methods

No changes in actuarial methods were recognized with this actuarial valuation.

Shortfall amortization

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior year amortization amounts

<u>Plan year</u>	<u>Installment</u>	<u>Years remaining</u>	<u>Present value</u>
2023	\$416,149	14	\$4,360,194
2022		n/a	
2021		n/a	
2020		n/a	
2019		n/a	

	_____		_____
Total	\$416,149		\$4,360,194

Current year amortization

1. Exemption from current year amortization	No
2. Funding shortfall to be amortized	\$1,703,324
3. Present value of prior year amortization installments	4,360,194
4. Current year amortization base [2 – 3]	(2,656,870)
5. Current year amortization installment	(\$241,723)

Net shortfall amortization installment

6. Current year amortization installment	(\$241,723)
7. Sum of prior year amortization installments	\$416,149
8. Net shortfall amortization installment [6 + 7, not less than \$0]	\$174,426

Distribution of active participants by age and service

Number of active participants as of January 1, 2024 – distribution by age and service

Active participant counts are shown below.

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49			4								4
50-54		3	1	5							9
55-59		2	4	1	2	1					10
60-64			2	2	2	1	3				10
65-69				1		2	2				5
70+											
Total		5	11	9	4	4	5				38

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target. Future widening of the interest rate stabilization corridor may extend the time period for the plan to become fully funded.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

Segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

<u>Plan year</u>	<u>Corridor</u>
Through 2030	95% - 105%
2031	90% - 110%
2032	85% - 115%
2033	80% - 120%
2034	75% - 125%
2035 and later	70% - 130%

In the event the 25-year average of either the first, second, or third segment rate falls below 5%, the 25-year average of such rate will be deemed to be 5%.

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

Sponsor elections

Discount rate: Segment rates, with a 4-month lookback

Mortality table: IRC Sec 430 2024 generational mortality table

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

Actuarial assumptions

Funding Assumptions:

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The termination and retirement age assumptions consider the experience study completed in October 2019 based on plan experience from 2013 through 2018.

An annual review of actuarial assumptions is completed and there has been no consistent pattern of material gains or losses occurring for any non-prescribed assumptions.

The investment return is based on the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

ASC 960 Assumptions:

All assumptions are set by the plan sponsor and they align with the Funding Assumptions except for the mortality assumption. Note that the discount rate for ASC 960 aligns with the Investment Return assumption used in the ERISA Funding measurement.

The mortality assumption reflects experience from representative populations, based on the Pri-2012 Private Retirement Plans Total Dataset Mortality Table Report issued by the Society of Actuaries (SOA) in October 2019 and the Mortality Improvement Scale MP-2021 issued by the SOA in October 2021.

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Below are the actuarial assumptions as of January 1, 2024:

Discount Rate:	With Interest	Without Interest	
	<u>Rate Stabilization</u>	<u>Rate Stabilization</u>	<u>ASC 960</u>
Effective Rate	5.04%	4.40%	5.75%
First Segment – First 5 Years	4.75%	3.62%	N/A
Second Segment – Next 15 Years	4.87%	4.46%	N/A
Third Segment – After 20 Years	5.59%	4.52%	N/A

Mortality:

Funding: The IRS 2024 Generational Mortality Table

ASC 960: Pri-2012 Total Dataset with Scale MP-2021

Investment Return: 5.75% per annum.

Salary Scale: N/A

Estimated Expenses: \$300,000

Termination: The annual rates of termination at selected ages are:

<u>Age</u>	<u>Male/Female</u>
20	20.0%
25	20.0%
30	15.0%
35	15.0%
40	12.0%
45	7.0%
50	2.0%
55+	0.0%

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Retirement Age:

The annual rates of retirement from active service are:

<u>Age</u>	<u>Male/Female</u>
55-58	2.0%
59-60	5.0%
61	10.0%
62-64	17.5%
65	25.0%
66	40.0%
67	100.0%

Age 65 for terminated vested participants. Participants at or beyond this age are assumed to retire immediately.

Form of Payment:

Life annuity; 40% Joint and Survivor annuity for former Dupont Acrylics employees

Any MRB portion of the accrued benefit is assumed to be payable as a lump sum, using a discount rate of 5%.

Survivor's Benefit:

80% of male employees and 80% of female employees are assumed to be married, and husbands are assumed to be 3 years older than wives.

Plan provisions

Grandfathered Participants	Active employees who are at least age 55 and have 15 or more years of service as of December 31, 2007 are grandfathered. The plan was frozen for grandfathered participants effective December 31, 2009. For non-grandfathered participants, the plan was frozen effective December 31, 2007.
Pension Earnings	Amount paid for services, including base salary, wages, vacation pay, and employee salary reduction to the defined contribution plans. In addition, shift differential, overtime premium, seven-day operating premium, sales bonuses and management incentive compensation earned during the year and paid no later than March 15 of the next year. Compensation is subject to the legislated maximum (\$245,000 for 2009).
Pension Earnings for Acorn Employees	Same as Pension Earnings above, except vacation pay paid on and after a Participant's date of termination shall not be included.
Final Earnings	The participant's Compensation in the 36 consecutive months during the last 10 consecutive plan years prior to retirement or termination in which Compensation was the highest, divided by 3. Final Earnings was frozen effective December 31, 2007 (December 31, 2009 for grandfathered participants).
Service	All periods of service from employment date to determination date including full and partial years.
Credited Service	All periods of service from credited service date to determination date including full and partial years. Credited Service was frozen effective December 31, 2007 (December 31, 2009 for grandfathered participants).

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Credited Service for Acorn Employees	Same as Credited Service above except all Credited Service from the Prior Plan shall be carried over to this Plan.
Normal Form of Annuity	Life annuity. Former Dupont Acrylics employees who are married at retirement receive benefits with a 40% contingent annuitant without reduction.
Normal Retirement Date	Last day of the month in which the participant turns age 65.
Social Security Benefit	Primary benefit based upon the Act in effect at time of termination of employment, payable at the later of age 62 or actual retirement age. For terminations before age 62, no earnings after termination of employment are assumed.
Social Security Wage Base	Level of annual earnings above which no Social Security (OASDI) tax is imposed. Equal to \$106,800 in 2009.
Participation Eligibility	All Employees become participants on their respective hire dates unless they are members of a collective bargaining unit not granted entrance into this plan, or if they are seasonal or temporary employees. Employees hired after November 29, 2006 will not participate in the plan.
Minimum Benefit (MRB)	
<i>Amount</i>	A lump sum equal to 3% of Average Compensation times Years of Service. This may be converted to an annuity using actuarial equivalent factors which are adjusted annually. <i>The Minimum Benefit is FROZEN as of 12-31-2003. The Minimum Benefit does not apply to Acorn Employees.</i>

Benefit Formula

An annual benefit equal to the sum of (a) and (b):

- a) 1.2% of Average Compensation times Years of Service, plus
- b) 0.4% of Average Compensation in excess of 2/3 of the Social Security Wage Base times Years of Service (limited to 35). If greater, the benefit will be equal to the annuity value of the Minimum Benefit.

Employees with 20 Years of Service on January 1, 1997 may elect to receive an annual benefit equal to the greater of (c) or (d):

- c) 1.2% of Average Compensation times Years of Service
- d) 1.6% times Years of Service, but not more than 50%, times Average Compensation; minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. This benefit is not applicable to bargaining groups.

Employees hired before January 1, 1997 who have fewer than 20 Years of Service on that date may elect to receive an annual benefit equal to the greater of (c) or (d) above, except that the amounts in (c) or (d) will be frozen as of December 31, 2001.

Benefits under this plan will be offset by any benefit payable under a plan of a previous employer attributable to service credited by this plan.

Participants who formerly participated in the ICI Acrylics Plan for Production & Maintenance workers have a frozen benefit accrued at December 31, 1997; with Credited Service accruing prospectively from January 1, 1998 under Formula (a) plus (b) above.

Benefit Formula for Acorn Employees

An annual benefit equal to the greater of Formula I, II, and III:

Formula I is a) minus b) -

- a) 1.2% of Average Compensation times Years of Service, less
- b) The vested accrued benefit under the Prior Plan (Dupont Plan).

Formula II is c) minus d) minus e) -

- c) 1.5% of Average Compensation times Years of Service, reduced by
- d) 50% of the Participant's Primary Social Security Benefit, less
- e) The vested accrued benefit under the Prior Plan (Dupont Plan).

Formula III -

- f) 1.2% of Average Compensation times Years of Service on and after December 1, 2005, plus
- g) 0.4% of Average Compensation in excess of 2/3 of the Social Security Wage Base times Years of Service on and after December 1, 2005 (limited to 35).

Excess Benefit

If the **MRB** amount has a value smaller than the benefit calculated under the Basic Benefit Formula, and a participant elects to receive the MRB Immediate Annuity or MRB Lump Sum, the Basic Benefit Formula amount payable at Normal Retirement is reduced by the MRB value. The remaining amount is the Excess Retirement Benefit payable at Normal Retirement. If the participant elects to begin receiving the Excess Retirement Benefit at an Early Retirement Date, early retirement factors would apply.

The Excess Benefit does not apply to Acorn employees.

Income Payable

Amount described in section (a) or (b) below, whichever applies:

a. If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

b. If Participant either has no Spouse as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.

Early Eligibility

Attainment of age 50 and 5 Years of Service, whereby age plus service must be greater than or equal to 70.

Early Benefit Amount

An annual benefit payable prior to Normal Retirement, but on or after the Early Retirement Eligibility Date. The benefit amount is calculated the same as the Normal Retirement Benefit except it is based on Years of Service and Average Compensation at the Early Retirement Date (limited to the values on December 31, 2002 where appropriate). This amount will then be reduced by a factor determined according to the participant's age to the nearest whole month as of the date payments are to commence. Each factor is equal to a 6.0% reduction for each year before the date full benefits would otherwise be available. Full benefits would otherwise be available at age 60 if age plus service total at least 80.

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Early Benefit Amount for
 Acorn Employees

An annual benefit payable prior to Normal Retirement, but on or after the Early Retirement Eligibility Date. The benefit amount is calculated the same as the Normal Retirement Benefit except it is based on Years of Service and Average Compensation at the Early Retirement Date. This amount will then be reduced by a factor based on the following table determined according to the participant's vesting service and age to the nearest whole month as of the date payments are to commence.

Age								
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
64	0.95	1.00	1.00	1.00	1.00	1.00	1.00	1.00
63	0.90	0.95	1.00	1.00	1.00	1.00	1.00	1.00
62	0.85	0.90	0.95	1.00	1.00	1.00	1.00	1.00
61	0.80	0.85	0.90	0.95	1.00	1.00	1.00	1.00
60	0.75	0.80	0.85	0.90	0.95	1.00	1.00	1.00
59	0.70	0.75	0.80	0.85	0.90	0.95	1.00	1.00
58	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
57	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95
56	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90
55	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85
54	0.50	0.50	0.55	0.60	0.65	0.70	0.75	0.80
53	0.50	0.50	0.50	0.55	0.60	0.65	0.70	0.75
52	0.50	0.50	0.50	0.50	0.55	0.60	0.65	0.70
51	0.50	0.50	0.50	0.50	0.50	0.55	0.60	0.65
50	0.50	0.50	0.50	0.50	0.50	0.50	0.55	0.60
Service	15-20	21	22	23	24	25	26	27 & over

Vesting Schedule	At least 5 Years of Service.
Vested Benefit	Retirement benefit accrued to date of termination and payable at Normal Retirement Date. If the Participant elects to receive payment of his Vested Benefit prior to Normal Retirement Date, the benefit accrued prior to 1-1-2004 is subject to the “regular” reductions for Early Retirement; and the portion of benefit accrued on and after 1-1-2004 is subject to a reduction of 6% per year for each year the Annuity Starting Date is after age 60 but prior to age 65 and 4% per year for each year the Annuity Starting date is prior to age 60.
Preretirement Spouse Benefit	
A. Eligibility	Eligible for early retirement, married.
Benefit Formula	50% of the pension benefit accrued to date of death, reduced by appropriate early retirement and joint-and-survivor factors.
B. Eligibility	Eligible for vesting but not eligible for early retirement, married.
Benefit Formula	50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.

Disability Benefit

A. Eligibility

At least 15 Years of Service.

Benefit Formula

If disabled before 01/01/2004: 1.2% of Average Compensation times Years of Service, unreduced for early commencement and unreduced for 50% joint-and-survivor form.

If disabled on or after 1-1-2004: Granted Service and Credited Service from his disability date until the earliest of:

- his Annuity Starting Date
- the date the participant dies, or
- the date the participant recovers or refuses to submit proof on ongoing disability (Plan Sponsor may request proof as often as twice a year).

Distribution of active participants by age and service

Number of active participants as of January 1, 2024 – distribution by age and service

Active participant counts are shown below.

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49			4								4
50-54		3	1	5							9
55-59		2	4	1	2	1					10
60-64			2	2	2	1	3				10
65-69				1		2	2				5
70+											
Total		5	11	9	4	4	5				38

Plan provisions

Grandfathered Participants	Active employees who are at least age 55 and have 15 or more years of service as of December 31, 2007 are grandfathered. The plan was frozen for grandfathered participants effective December 31, 2009. For non-grandfathered participants, the plan was frozen effective December 31, 2007.
Pension Earnings	Amount paid for services, including base salary, wages, vacation pay, and employee salary reduction to the defined contribution plans. In addition, shift differential, overtime premium, seven-day operating premium, sales bonuses and management incentive compensation earned during the year and paid no later than March 15 of the next year. Compensation is subject to the legislated maximum (\$245,000 for 2009).
Pension Earnings for Acorn Employees	Same as Pension Earnings above, except vacation pay paid on and after a Participant's date of termination shall not be included.
Final Earnings	The participant's Compensation in the 36 consecutive months during the last 10 consecutive plan years prior to retirement or termination in which Compensation was the highest, divided by 3. Final Earnings was frozen effective December 31, 2007 (December 31, 2009 for grandfathered participants).
Service	All periods of service from employment date to determination date including full and partial years.
Credited Service	All periods of service from credited service date to determination date including full and partial years. Credited Service was frozen effective December 31, 2007 (December 31, 2009 for grandfathered participants).

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Credited Service for Acorn Employees	Same as Credited Service above except all Credited Service from the Prior Plan shall be carried over to this Plan.
Normal Form of Annuity	Life annuity. Former Dupont Acrylics employees who are married at retirement receive benefits with a 40% contingent annuitant without reduction.
Normal Retirement Date	Last day of the month in which the participant turns age 65.
Social Security Benefit	Primary benefit based upon the Act in effect at time of termination of employment, payable at the later of age 62 or actual retirement age. For terminations before age 62, no earnings after termination of employment are assumed.
Social Security Wage Base	Level of annual earnings above which no Social Security (OASDI) tax is imposed. Equal to \$106,800 in 2009.
Participation Eligibility	All Employees become participants on their respective hire dates unless they are members of a collective bargaining unit not granted entrance into this plan, or if they are seasonal or temporary employees. Employees hired after November 29, 2006 will not participate in the plan.
Minimum Benefit (MRB)	
<i>Amount</i>	A lump sum equal to 3% of Average Compensation times Years of Service. This may be converted to an annuity using actuarial equivalent factors which are adjusted annually. <i>The Minimum Benefit is FROZEN as of 12-31-2003. The Minimum Benefit does not apply to Acorn Employees.</i>

Benefit Formula

An annual benefit equal to the sum of (a) and (b):

- a) 1.2% of Average Compensation times Years of Service, plus
- b) 0.4% of Average Compensation in excess of 2/3 of the Social Security Wage Base times Years of Service (limited to 35). If greater, the benefit will be equal to the annuity value of the Minimum Benefit.

Employees with 20 Years of Service on January 1, 1997 may elect to receive an annual benefit equal to the greater of (c) or (d):

- c) 1.2% of Average Compensation times Years of Service
- d) 1.6% times Years of Service, but not more than 50%, times Average Compensation; minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. This benefit is not applicable to bargaining groups.

Employees hired before January 1, 1997 who have fewer than 20 Years of Service on that date may elect to receive an annual benefit equal to the greater of (c) or (d) above, except that the amounts in (c) or (d) will be frozen as of December 31, 2001.

Benefits under this plan will be offset by any benefit payable under a plan of a previous employer attributable to service credited by this plan.

Participants who formerly participated in the ICI Acrylics Plan for Production & Maintenance workers have a frozen benefit accrued at December 31, 1997; with Credited Service accruing prospectively from January 1, 1998 under Formula (a) plus (b) above.

Benefit Formula for Acorn Employees

An annual benefit equal to the greater of Formula I, II, and III:

Formula I is a) minus b) -

- a) 1.2% of Average Compensation times Years of Service, less
- b) The vested accrued benefit under the Prior Plan (Dupont Plan).

Formula II is c) minus d) minus e) -

- c) 1.5% of Average Compensation times Years of Service, reduced by
- d) 50% of the Participant's Primary Social Security Benefit, less
- e) The vested accrued benefit under the Prior Plan (Dupont Plan).

Formula III -

- f) 1.2% of Average Compensation times Years of Service on and after December 1, 2005, plus
- g) 0.4% of Average Compensation in excess of 2/3 of the Social Security Wage Base times Years of Service on and after December 1, 2005 (limited to 35).

Excess Benefit

If the **MRB** amount has a value smaller than the benefit calculated under the Basic Benefit Formula, and a participant elects to receive the MRB Immediate Annuity or MRB Lump Sum, the Basic Benefit Formula amount payable at Normal Retirement is reduced by the MRB value. The remaining amount is the Excess Retirement Benefit payable at Normal Retirement. If the participant elects to begin receiving the Excess Retirement Benefit at an Early Retirement Date, early retirement factors would apply.

The Excess Benefit does not apply to Acorn employees.

Income Payable

Amount described in section (a) or (b) below, whichever applies:

a. If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

b. If Participant either has no Spouse as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.

Early Eligibility

Attainment of age 50 and 5 Years of Service, whereby age plus service must be greater than or equal to 70.

Early Benefit Amount

An annual benefit payable prior to Normal Retirement, but on or after the Early Retirement Eligibility Date. The benefit amount is calculated the same as the Normal Retirement Benefit except it is based on Years of Service and Average Compensation at the Early Retirement Date (limited to the values on December 31, 2002 where appropriate). This amount will then be reduced by a factor determined according to the participant's age to the nearest whole month as of the date payments are to commence. Each factor is equal to a 6.0% reduction for each year before the date full benefits would otherwise be available. Full benefits would otherwise be available at age 60 if age plus service total at least 80.

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**Early Benefit Amount for
Acorn Employees**

An annual benefit payable prior to Normal Retirement, but on or after the Early Retirement Eligibility Date. The benefit amount is calculated the same as the Normal Retirement Benefit except it is based on Years of Service and Average Compensation at the Early Retirement Date. This amount will then be reduced by a factor based on the following table determined according to the participant's vesting service and age to the nearest whole month as of the date payments are to commence.

Age								
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
64	0.95	1.00	1.00	1.00	1.00	1.00	1.00	1.00
63	0.90	0.95	1.00	1.00	1.00	1.00	1.00	1.00
62	0.85	0.90	0.95	1.00	1.00	1.00	1.00	1.00
61	0.80	0.85	0.90	0.95	1.00	1.00	1.00	1.00
60	0.75	0.80	0.85	0.90	0.95	1.00	1.00	1.00
59	0.70	0.75	0.80	0.85	0.90	0.95	1.00	1.00
58	0.65	0.70	0.75	0.80	0.85	0.90	0.95	1.00
57	0.60	0.65	0.70	0.75	0.80	0.85	0.90	0.95
56	0.55	0.60	0.65	0.70	0.75	0.80	0.85	0.90
55	0.50	0.55	0.60	0.65	0.70	0.75	0.80	0.85
54	0.50	0.50	0.55	0.60	0.65	0.70	0.75	0.80
53	0.50	0.50	0.50	0.55	0.60	0.65	0.70	0.75
52	0.50	0.50	0.50	0.50	0.55	0.60	0.65	0.70
51	0.50	0.50	0.50	0.50	0.50	0.55	0.60	0.65
50	0.50	0.50	0.50	0.50	0.50	0.50	0.55	0.60
Service	15-20	21	22	23	24	25	26	27 & over

Vesting Schedule	At least 5 Years of Service.
Vested Benefit	Retirement benefit accrued to date of termination and payable at Normal Retirement Date. If the Participant elects to receive payment of his Vested Benefit prior to Normal Retirement Date, the benefit accrued prior to 1-1-2004 is subject to the “regular” reductions for Early Retirement; and the portion of benefit accrued on and after 1-1-2004 is subject to a reduction of 6% per year for each year the Annuity Starting Date is after age 60 but prior to age 65 and 4% per year for each year the Annuity Starting date is prior to age 60.
Preretirement Spouse Benefit	
A. Eligibility	Eligible for early retirement, married.
Benefit Formula	50% of the pension benefit accrued to date of death, reduced by appropriate early retirement and joint-and-survivor factors.
B. Eligibility	Eligible for vesting but not eligible for early retirement, married.
Benefit Formula	50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.

Disability Benefit

A. Eligibility

At least 15 Years of Service.

Benefit Formula

If disabled before 01/01/2004: 1.2% of Average Compensation times Years of Service, unreduced for early commencement and unreduced for 50% joint-and-survivor form.

If disabled on or after 1-1-2004: Granted Service and Credited Service from his disability date until the earliest of:

- his Annuity Starting Date
- the date the participant dies, or
- the date the participant recovers or refuses to submit proof on ongoing disability (Plan Sponsor may request proof as often as twice a year).

MITSUBISHI CHEMICAL AMERICA PENSION PLAN METHACRYLATES DIVISION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 52-2196843 / Plan Number: 004

December 31, 2024

<u>(a)</u>	<u>(b)(c) Identity of Issue/Description</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Mutual funds</u>		
	Vanguard Total Bond Market Index Fund	\$ 14,258,306	\$ 14,020,410
	Vanguard Long Term Bond Institutional Index Fund	5,703,358	5,443,921
	Vanguard Equity Income A Fund	4,542,481	4,619,641
	T. Rowe Price Overseas Stock I Fund	2,352,368	3,580,702
	Vanguard Small Cap Index Admiral Fund	1,879,431	1,890,178
	Vanguard Mid Cap Index Admiral Fund	<u>1,882,400</u>	<u>1,869,842</u>
		30,618,344	31,424,694
	<u>Pooled separate accounts</u>		
	Prudential Retirement Insurance and Annuity Company		
*	Winslow US Large Cap Growth Fund	4,669,062	4,816,985
*	Capital Group EuroPacific Growth Fund	3,747,523	3,587,810
*	Prudential Short Term Bond Fund	<u>2,406,377</u>	<u>2,436,600</u>
		10,822,962	10,841,395
	<u>Common/collective trust funds</u>		
*	Prudential Core Plus Bond Fund	27,042,221	26,911,345
*	Prudential U.S. Long Duration Corporate Bond Fund	<u>22,785,333</u>	<u>22,288,907</u>
		<u>49,827,554</u>	<u>49,200,252</u>
		\$ <u>91,268,860</u>	\$ <u>91,466,341</u>

* Represents a party-in-interest as defined by ERISA.

Shortfall amortization

The prior year amortization values and the development of the amortization for the current plan year are shown below.

Prior year amortization amounts

<u>Plan year</u>	<u>Installment</u>	<u>Years remaining</u>	<u>Present value</u>
2023	\$416,149	14	\$4,360,194
2022		n/a	
2021		n/a	
2020		n/a	
2019		n/a	

	_____		_____
Total	\$416,149		\$4,360,194

Current year amortization

1. Exemption from current year amortization	No
2. Funding shortfall to be amortized	\$1,703,324
3. Present value of prior year amortization installments	4,360,194
4. Current year amortization base [2 – 3]	(2,656,870)
5. Current year amortization installment	(\$241,723)

Net shortfall amortization installment

6. Current year amortization installment	(\$241,723)
7. Sum of prior year amortization installments	\$416,149
8. Net shortfall amortization installment [6 + 7, not less than \$0]	\$174,426

Changes since last year's valuation

Changes in pension plan provisions

During the plan year ending December 31, 2023, the plan purchased a group annuity contract using approximately \$6.9 million of plan assets to transfer the obligations of 225 retirees to an insurance company.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

The expense load was changed from \$600,000 to \$300,000.

The assumed investment return was changed from 6.50% to 5.75%.

Changes in actuarial methods

No changes in actuarial methods were recognized with this actuarial valuation.