

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SGL GROUP US RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>182</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SGL CARBON, LLC</u></p> <p><u>10715 DAVID TAYLOR DRIVE</u> <u>SUITE 460</u> <u>CHARLOTTE, NC 28262</u></p>	<p>1c Effective date of plan <u>12/30/1984</u></p> <p>2b Employer Identification Number (EIN) <u>13-0796973</u></p> <p>2c Plan Sponsor's telephone number <u>704-593-5100</u></p> <p>2d Business code (see instructions) <u>333900</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SHERRY PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SHERRY PETERSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	661
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)	232
	6a(2)	210
	6b	148
	6c	285
	6d	643
	6e	16
	6f	659
	6g(1)	
6g(2)		
6h		1
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 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan <u>SGL GROUP US RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>182</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SGL CARBON, LLC</u>	D Employer Identification Number (EIN) <u>13-0796973</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>65356462</u>
b Actuarial value	2b		<u>71832090</u>
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	<u>142</u>	<u>27580947</u>	<u>27580947</u>
b For terminated vested participants	<u>287</u>	<u>11531336</u>	<u>11531336</u>
c For active participants	<u>232</u>	<u>21942318</u>	<u>22691615</u>
d Total	<u>661</u>	<u>61054601</u>	<u>61803898</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.23 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>0</u>
c Target normal cost	6c		<u>0</u>

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

SIGN HERE			
	Signature of actuary	<u>10/09/2025</u>	Date
	<u>JASON M. BRAVO</u>	<u>23-05569</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>216-430-4732</u>	Telephone number (including area code)
	<u>MSC#17854, PO BOX 7505 FORT WASHINGTON, PA 19034</u>		
	Address of the firm		

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

Part 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	1148151
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1148151
10	Interest on line 9 using prior year's actual return of <u>8.18</u> %	0	93919
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>5.32</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		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1242070

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.21 %
15	Adjusted funding target attainment percentage	15	116.22 %
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	111.85 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

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

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

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

A Name of plan SGL GROUP US RETIREMENT PLAN	B Three-digit plan number (PN) ▶	182
C Plan sponsor's name as shown on line 2a of Form 5500 SGL CARBON, LLC	D Employer Identification Number (EIN) 13-0796973	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NORTHERN TRUST COMPANY

36-1561860

(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	TRUSTEE	1178	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>SGL GROUP US RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>182</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SGL CARBON, LLC</u>	D Employer Identification Number (EIN) <u>13-0796973</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US INTERMEDIATE GOVT. BOND INDEX FU</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4136487</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID LOC FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-039</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96835</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG GOVT. BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4923920</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>891785</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US INT ACTIVE CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4855866</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20+ YEAR US TREASURY STRIPS</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>541919</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND - CLASS I</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY, LLC</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46503467</u>

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

A Name of plan SGL GROUP US RETIREMENT PLAN	B Three-digit plan number (PN)	▶ 182
C Plan sponsor's name as shown on line 2a of Form 5500 SGL CARBON, LLC	D Employer Identification Number (EIN) 13-0796973	

Part I Asset and Liability Statement

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	2849
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)	0
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	61950279
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	0

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	65356462	61953128
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	65356462	61953128

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2615242	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2745550	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-130308
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-723536
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-853844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2548311	
(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)		2548311
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1178	
(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)	1	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1179
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2549490

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3403334
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: GREERWALKER LLP

(2) EIN: 56-1434747

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554922.

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

A Name of plan <u>SGL GROUP US RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>182</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SGL CARBON, LLC</u>	D Employer Identification Number (EIN) <u>13-0796973</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 36-1561860

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

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



GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Defined Benefit Plan Committee and Participants of the SGL Group US Retirement Plan:

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

We have performed audits of the financial statements of the SGL Group US Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Audits 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 generally accepted accounting principles in the United States of America ("GAAP").
- 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 generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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.

GreerWalker LLP | GreerWalker Corporate Finance LLC | greerwalker.com

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Greenville Office Wells Fargo Center | 15 South Main St., Suite 800 | Greenville, SC 29601 | USA | Tel 864.752.0080

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 (the "ERISA-required supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the ERISA-required 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 ERISA-required supplemental schedules, we evaluated whether the ERISA-required supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the ERISA-required supplemental schedules, other than the information in the ERISA-required supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the ERISA-required 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).



Certified Public Accountants
October 14, 2025
Charlotte, NC

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

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

A Name of plan SGL GROUP U.S. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	182
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SGL CARBON, LLC	D Employer Identification Number (EIN) 13-0796973	

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	65,356,462
b Actuarial value	2b	71,832,090

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	142	27,580,947	27,580,947
b For terminated vested participants	287	11,531,336	11,531,336
c For active participants	232	21,942,318	22,691,615
d Total	661	61,054,601	61,803,898

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** 5.23%

6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	0
c Target normal cost	6c	0

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	<u>Jason M. Bravo</u> Signature of actuary	<u>10/09/2025</u> Date
	<u>JASON M. BRAVO</u> Type or print name of actuary	<u>2305569</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>216-430-4732</u> Telephone number (including area code)
	<u>MSC# 17854, PO Box 7505</u> <u>FORT WASHINGTON PA 19034</u> Address of the firm	

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

Part 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	1,148,151
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1,148,151
10 Interest on line 9 using prior year's actual return of <u>8.18</u> %	0	93,919
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>5.32</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		
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	1,242,070

Part III Funding Percentages		
14 Funding target attainment percentage	14	114.21 %
15 Adjusted funding target attainment percentage	15	116.22 %
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	111.85 %
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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 0

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** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

40 Unpaid minimum required contributions for all years **40** 0

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

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	35.00%	0.6616	14.47
63.5	25.00%	0.4300	6.83
64.5	25.00%	0.3225	5.20
65.5	25.00%	0.2419	3.96
66.5	25.00%	0.1814	3.02
67.5	25.00%	0.1361	2.30
68.5	25.00%	0.1020	1.75
69.5	25.00%	0.0765	1.33
70	100.00%	0.0574	4.02
Weighted Average			62.72

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.70% for the 2023 Plan Year to 4.90% for the 2024 Plan Year.

This change was made to better reflect anticipated plan experience. The expected return on assets assumption reflects a reasonable expected long-term rate of return based on the plan's target asset allocation and Aon's 2023 Q4 capital market assumptions. This change did not reduce the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

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

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2							
30-34		1	13	2						
35-39			4	3	2					
40-44			5	5	7	1				
45-49		1	5		4	2	2	1		
50-54			4	15	6	4	5	14	2	
55-59		1	5	5	14	1	11	13	12	
60-64			4	4	5	1	3	4	9	12
65-69		1		2	2			3	3	5
70+					1					1

N-232

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
Optional Payment Form Election Percentage	45% Life annuity 55% Joint and 50% survivor annuity.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	
Non-Technic Groups	See Table 4
Technic Group	None

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

For ERISA Requirements

Decrement Timing	Middle of year, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Valuation Compensation	N/A
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	3.90% The applicable third segment rate limitation is 5.92%
2023 Plan Year	5.70% The applicable third segment rate limitation is 5.74%
2024 Plan Year	4.90% The applicable third segment rate limitation is 5.59%
Trust Expenses Included in Target Normal Cost	None
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	35.00%
63	25.00%
64	25.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Table 2

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	3.00%
61	5.00%
62	5.00%
63	5.00%
64	20.00%
65	60.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

Table 3

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	25.40%	23.80%	17.60%	17.50%	17.50%	17.50%
19	25.40%	23.80%	17.60%	17.50%	17.50%	17.50%
20	25.40%	23.80%	17.60%	17.50%	17.50%	17.50%
21	25.40%	23.80%	17.60%	17.50%	17.50%	17.50%
22	25.40%	23.80%	17.60%	16.70%	16.70%	16.70%
23	25.40%	23.80%	17.60%	15.80%	15.80%	15.80%
24	25.40%	23.80%	17.60%	15.30%	15.10%	15.10%
25	25.40%	23.80%	17.60%	15.30%	14.30%	14.30%
26	25.40%	23.80%	17.60%	15.30%	13.60%	13.60%
27	25.40%	23.80%	17.60%	15.30%	12.80%	12.80%
28	25.40%	23.80%	17.60%	15.30%	12.10%	12.10%
29	25.40%	23.80%	17.60%	15.30%	11.50%	11.50%
30	25.40%	23.80%	17.60%	15.30%	11.40%	10.80%
31	25.40%	23.80%	17.60%	15.30%	11.40%	10.20%
32	25.40%	23.80%	17.60%	15.30%	11.40%	9.60%
33	25.40%	23.80%	17.60%	15.30%	11.40%	9.00%
34	25.40%	23.80%	17.60%	15.30%	11.40%	8.50%
35	25.40%	23.80%	17.60%	15.30%	11.40%	7.90%
36	25.40%	23.80%	17.60%	15.30%	11.40%	7.40%
37	25.40%	23.80%	17.60%	15.30%	11.40%	6.90%
38	25.40%	23.80%	17.60%	15.30%	11.40%	6.50%
39	25.40%	23.80%	17.60%	15.30%	11.40%	6.00%
40	25.40%	23.80%	17.60%	15.30%	11.40%	5.60%
41	25.40%	23.80%	17.60%	15.30%	11.40%	5.20%
42	25.40%	23.80%	17.60%	15.30%	11.40%	4.90%
43	25.40%	23.80%	17.60%	15.30%	11.40%	4.50%
44	25.40%	23.80%	17.60%	15.30%	11.40%	4.20%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

Table 3 continued

Withdrawal Rates

Age	0	1	2	3	4	5+
45	25.40%	23.80%	17.60%	15.30%	11.40%	3.90%
46	25.40%	23.80%	17.60%	15.30%	11.40%	3.60%
47	25.40%	23.80%	17.60%	15.30%	11.40%	3.40%
48	25.40%	23.80%	17.60%	15.30%	11.40%	3.10%
49	25.40%	23.80%	17.60%	15.30%	11.40%	2.90%
50	25.40%	23.80%	17.60%	15.30%	11.40%	2.70%
51	25.40%	23.80%	17.60%	15.30%	11.40%	2.60%
52	25.40%	23.80%	17.60%	15.30%	11.40%	2.40%
53	25.40%	23.80%	17.60%	15.30%	11.40%	2.30%
54	25.40%	23.80%	17.60%	15.30%	11.40%	2.20%
55+	25.40%	23.80%	17.60%	15.30%	11.40%	2.20%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

Table 4

Disability Rates

Age	Rate	Age	Rate
18	0.077%	48	0.358%
19	0.077%	49	0.358%
20	0.077%	50	0.617%
21	0.077%	51	0.617%
22	0.077%	52	0.617%
23	0.077%	53	0.617%
24	0.077%	54	0.617%
25	0.077%	55	1.075%
26	0.077%	56	1.075%
27	0.077%	57	1.075%
28	0.077%	58	1.075%
29	0.077%	59	1.075%
30	0.091%	60	1.397%
31	0.091%	61	1.397%
32	0.091%	62	1.397%
33	0.091%	63	1.397%
34	0.091%	64	1.397%
35	0.116%	65	2.682%
36	0.116%	66	2.682%
37	0.116%	67	2.682%
38	0.116%	68	2.682%
39	0.116%	69	2.682%
40	0.203%	70	2.682%
41	0.203%	71	2.682%
42	0.203%	72	2.682%
43	0.203%	73	2.682%
44	0.203%	74	2.682%
45	0.358%	75	2.682%
46	0.358%	76+	0.000%
47	0.358%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Schedule SB, Part V — Summary of Plan Provisions

Former Salaried Employees' Retirement Plan

Effective Date	Restated January 1, 2009 (most recently restated as of January 1, 2010 and amended as of December 31, 2023).
Eligibility for Participation	Each employee becomes a participant on the first day of the next month following the completion of one year of eligibility service. Employees hired on or after October 1, 2017 are not eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	In effect until December 31, 2009: The difference of (1) and (2): (1) 1.75% of final average compensation times years of credited service to a maximum of 40 years; less (2) 1.25% of primary Social Security benefit times years of credited service to a maximum of 40 years. Minimum benefit equal to the accrued benefit determined as of March 31, 1986. In effect after December 31, 2009: The frozen benefit as of December 31, 2009 plus 1.5% of annual compensation earned in each year of service thereafter. In effect after December 31, 2021: No additional benefits will be accrued after December 31, 2021.
Early Retirement	
Eligibility	Age 55.
Benefit	Greater of 1 and 2, where: (1) Accrued benefit as of December 31, 2009, reduced as follows: (a) Age 62 and 10 years of continuous service: No reduction. (b) Age 55 and 10 years of continuous service: 6.00% per year from age 62. (c) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

- (2) Normal retirement benefit, reduced as follows:
 - (a) Age 55 and 10 years of continuous service:
5.00% per year from age 65.
 - (b) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

Late Retirement

Eligibility

Employment continued after the normal retirement date.

Benefit Normal retirement benefit based on years of credited service and final average compensation as of retirement.

Vested Termination

Eligibility

Five years of continuous service.

Benefit In effect until December 31, 2009: Accrued benefit as of the termination date times years of credited service divided by years of credited service projected to normal retirement date. This benefit is payable at age 65. Benefits may commence as early as age 55 with early retirement reductions equal to 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

In effect after December 31, 2009: The accrued benefit as of the termination date (career average benefit formula). This benefit is payable at age 65. Benefits may commence as early as age 55 based on early retirement reductions equal to 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

Disability Retirement

Eligibility

Receiving benefits under a long-term disability program.

Benefit

Accrued benefit based on years of credited service projected to normal retirement date and assuming pay remains level from time of disability until normal retirement date. This benefit is payable at age 65.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Death Benefit

Eligibility

Five years of continuous service.

Benefit

50% of the benefit payable if the participant had retired on the date of his death and elected a 50% joint and survivor annuity. Benefit payable to the spouse cannot begin before the date the participant would have been eligible for early retirement.

Normal Form of Annuity

Single life annuity, if single; 50% joint and survivor, if married.

Optional Form of Annuity

Single life annuity, joint and survivor annuity (50%, 75%, or 100%), 5-year certain and life annuity.

Payment of Small Amount

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.

Actuarial Equivalence

Other Than Lump Sum

Factors in Schedule A of the Plan document.

Lump Sum

IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.

Compensation

Basic pay for any plan year including amounts that are excluded from gross income under Code sections 125(a), 132(f)(4), 402(e)(3), 402(h)(1)(B), 402(k), or 457(b), but excluding any bonuses, special pay, or overtime premium pay.

Final Average Compensation

In effect until December 31, 2009: The average of the highest 36 consecutive calendar months of compensation paid during the final 120 consecutive months of employment.

Primary Social Security Benefit

Amount of employee's primary Social Security benefit based on the law in effect on the date the accrued benefit is determined.

Year of Eligibility Service

1,000 hours or more completed during a consecutive 12-month period beginning from an employee's hire date or 1,000 or more hours completed during any plan year.

Years of Continuous Service

1,000 hours or more completed during a plan year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Years of Credited Service

Years and completed months of service with the employer.

For participants on January 1, 1985, an additional year of credited service is earned for each year worked after January 1, 1985. However, the additional service is only granted to the extent necessary to attain 30 total years of credited service after January 1, 1985.

Plan Year

January 1 to December 31.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Former Hourly Employees' Retirement Plan

Effective Date	Restated January 1, 2009 (most recently restated as of January 1, 2010 and amended as of December 31, 2023).
Eligibility for Participation	Each employee becomes a participant on the first day of the next month following attainment of age 21 and the completion of one year of eligibility service. Employees hired on or after April 1, 2019 are not eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	In effect until December 31, 2009: The sum of (1), (2) and (3): <ol style="list-style-type: none">(1) The accrued benefit under the predecessor plan as of February 28, 1985.(2) The accrued benefit thereafter:<ol style="list-style-type: none">(a) For the first five years of continuous service:<p>For each year of continuous service from March 1, 1985 to December 31, 1988, 0.750% of compensation up to \$3,000, plus 1.125% of compensation in excess of \$3,000.</p><p>For each year of continuous service after December 31, 1988, 1.000% of compensation up to \$3,000, plus 1.125% of compensation in excess of \$3,000; plus</p>(b) For years of continuous service in excess of five:<p>For each year of continuous service from March 1, 1985 to December 31, 1988, 0.750% of compensation up to \$3,000, plus 1.500% of compensation in excess of \$3,000.</p><p>For each year of continuous service after December 31, 1988, 1.000% of compensation up to \$3,000, plus 1.500% of compensation in excess of \$3,000.</p>(2) For each year of continuous service in which employee contributions have been made, 0.500% of compensation.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

In effect after December 31, 2009: The frozen benefit as of December 31, 2009 plus 1.5% of annual compensation earned in each year of service thereafter.

In effect after December 31, 2021: No additional benefits will be accrued after December 31, 2021.

Early Retirement

Eligibility

Age 55.

Benefit In effect until January 31, 2010: Normal retirement benefit reduced as follows:

- (1) Age 62 and 10 years of continuous service: No reduction.
- (2) Age 55 and 10 years of continuous service: 6.00% per year from age 62.
- (3) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

In effect on February 1, 2010: Greater of 1 and 2, where:

- (1) Accrued benefit as of December 31, 2009, reduced as follows:
 - (a) Age 62 and 10 years of continuous service: No reduction.
 - (b) Age 55 and 10 years of continuous service: 6.00% per year from age 62.
 - (c) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.
- (2) Normal retirement benefit, reduced as follows:
 - (a) Age 55 and 10 years of continuous service: 5.00% per year from age 65.
 - (b) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55

Late Retirement

Eligibility

Employment continued after normal retirement date.

Benefit

Normal retirement benefit based on years of continuous service and compensation as of retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Vested Termination

Eligibility Five years of continuous service.

Benefit Accrued benefit as of the termination date payable at age 65. Benefits may commence as early as age 55 with early retirement reductions equal to 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

Disability Retirement

Eligibility Ten years of continuous service.

Benefit Normal retirement benefit based on compensation and years of continuous service at disablement, payable immediately without reduction for early commencement.

Death Benefit

Eligibility Five years of continuous service.

Benefit 50% of the benefit payable if the participant had retired on the date of his death and elected a 50% joint and survivor annuity. Benefit payable to the spouse cannot begin before the date the participant would have been eligible for early retirement.

Normal Form of Annuity

Single life annuity, if single; 50% joint and survivor, if married.

Optional Form of Annuity

Single life annuity, joint and survivor annuity (50%, 75%, or 100%), 5-year certain and life annuity.

Payment of Small Amount

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.

Actuarial Equivalence

Other Than Lump Sum Factors in Schedule A of the Plan document.

Lump Sum IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.

Compensation

Basic pay for any plan year, including holiday, sick and vacation pay, but excluding any bonuses, penalty pay, shift bonus pay, special pay, overtime premium pay or pay for hours worked in any week in excess of 40.

Year of Eligibility Service

1,000 hours or more completed during a consecutive 12-month period beginning from an employee's hire date or 1,000 or more hours completed during any plan year.

Year of Continuous Service

1,000 hours or more completed during a plan year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
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Employee Contributions

Optional for participants who elected to make employee contributions to the predecessor plan before April 12, 1993. The amount equals 1.250% of compensation up to \$3,000 per year, plus 2.500% of compensation in excess of \$3,000 per year.

Predecessor Plan

The Hourly Employees' Retirement Plan of Great Lakes Carbon Corporation and Participating Subsidiaries.

Plan Year

January 1 to December 31.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

Former Participants of the Pension Plan for the International
 Union of Electrical Technical Salaried Machine and Furniture
 Workers Local 502

Effective Date Restated January 1, 2009 (most recently restated as of January 1, 2010 and amended as of December 31, 2021).

Eligibility for Participation Each employee becomes a participant on the first day of the next month following the completion of 1,000 hours during a consecutive 12-month period. Employees hired on or after May 16, 2005 are not eligible to participate in the plan.

Normal Retirement

Eligibility Age 65.

Benefit In effect until December 31, 2023:
 (1) or (2), based on termination date:
 (1) Years of credited service times;

Termination Date	Multiplier
Before August 1, 1988	\$15.50
August 1, 1988 to June 30, 1995	\$21.50
July 1, 1995 to June 30, 1996	\$22.50
July 1, 1996 to June 30, 1997	\$23.50
July 1, 1997 to June 30, 1998	\$24.50
July 1, 1998 to June 30, 1999	\$25.50
July 1, 1999 to May 7, 2000	\$27.00
May 8, 2000 to May 6, 2001	\$27.50
May 7, 2001 to May 5, 2002	\$27.50
May 6, 2002 to May 4, 2003	\$28.00
May 5, 2003 to May 31, 2007	\$28.50
June 1, 2007 to June 30, 2008	\$29.50
July 1, 2008 to June 30, 2011	\$31.00

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

- (2) Sum of (a) and (b)
- (a) Years of credited service before January 1, 1995, times \$31.00;
- (b) Years of credited service on or after January 1, 1995; times:

Termination Date	Multiplier
July 1, 2011 to June 30, 2014	\$ 32.00
On or after July 1, 2014	\$ 34.00

In effect after December 31, 2023: No additional benefits will be accrued after December 31, 2023.

Early Retirement

Eligibility

Age 55 and 10 years of continuous service.

Benefit

Normal retirement benefit reduced as follows:

- (1) Benefit described in Normal Retirement Benefit section times early retirement factor:

Age	Early Retirement Factor
65	1.000
64	1.000
63	1.000
62	1.000
61	0.940
60	0.880
59	0.820
58	0.760
57	0.700
56	0.652
55	0.607

- (2) Benefit described in Normal Retirement Benefit section is unreduced.

Late Retirement

Eligibility

Employment continued after normal retirement date.

Benefit

Normal retirement benefit based on multiplier and years of continuous service as of retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Vested Termination

Eligibility Five years of continuous service.

Benefit Accrued benefit as of the termination date payable at age 65. Benefits may commence as early as age 55 with reduction for early commencement as described under Early Retirement Benefit.

Disability Retirement

Eligibility Ten years of continuous service.

Benefit Normal retirement benefit based on multiplier and years of credited service at disablement, payable immediately without reduction for early commencement. Minimum monthly benefit of \$100 for payment due before participant's sixty-second birthday.

Death Benefit

Eligibility Five years of continuous service.

Benefit 50% of the benefit payable if the participant had retired on the date of his death and elected a 50% joint and survivor annuity. Benefit payable to the spouse cannot begin before the date the participant would have been eligible for early retirement.

Normal Form of Annuity

Single life annuity, if single; 50% joint and survivor, if married.

Optional Form of Annuity

Single life annuity, joint and survivor annuity (50%, 75%, or 100%), 10 year certain and life annuity, Social Security level income annuity.

Actuarial Equivalence

Other Than Lump Sum Factors in Schedule A of the Plan document.

Lump Sum IRC section 417(e) mortality table for 2016 and interest based on three-segment yield curve.

Year of Continuous Service

Twelve completed months equal one year. Partial years are disregarded for purposes of continuous service.

Year of Credited Service

After the effective date, years and completed months of service with the employer. Prior to the effective date, "credited service" under the predecessor plan.

Predecessor Plan

The Carbide/Graphite Group, Inc. Pension Plan for Hourly Employees, St. Mary's Plant.

Plan Year

January 1 to December 31.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Former Participants of the Pension Plan for the Employees of SGL
Technic, Inc.

Effective Date	Restated January 1, 2009 (most recently restated as of January 1, 2010 and amended as of December 31, 2021).
Eligibility for Participation	Each employee becomes a participant on the first day of the month coinciding with or next following the date of completion of one year of continuous service. Employees hired on or after October 1, 2017 are not eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>In effect until December 31, 2009: The amount equal to:</p> <ul style="list-style-type: none">• 0.9% of final average compensation up to covered compensation times credited service, limited to 35 years; plus• 1.4% of final average compensation over covered compensation times credited service, limited to 35 years. <p>In effect after December 31, 2009:</p> <p>The frozen benefit as of December 31, 2009 plus 1.5% of annual compensation earned in each year of service thereafter.</p> <p>Minimum monthly benefit: \$13.50 times credited service, limited to 35 years. Prior plan benefit as of December 31, 1988.</p> <p>In effect after December 31, 2021:</p> <p>No additional benefits will be accrued after December 31, 2021.</p>

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 SGL Group U.S. Retirement Plan
 EIN: 13-0796973 PN: 182

Early Retirement

Eligibility

Age 55.

Benefit

Normal retirement benefit reduced by early retirement factor: Greater of 1 and 2, where:

- (1) Accrued benefit as of December 31, 2009, reduced as follows:

Early Retirement		Early Retirement	
Age	Factor	Age	Factor
65	1.000	59	0.800
64	1.000	58	0.740
63	1.000	57	0.680
62	1.000	56	0.620
61	0.955	55	0.560
60	0.880		

- (2) Normal retirement benefit, reduced as follows:

- (a) Age 55 and 10 years of continuous service: 5.00% per year from age 65.
- (b) Age 55 and less than 10 years of continuous service: 6.67% per year from age 65 to age 60 and 3.33% per year from age 60 to age 55.

Late Retirement

Eligibility

Employment continued after the normal retirement date.

Benefit

Normal retirement benefit based on credited service and final average compensation as of retirement.

Vested Termination

Eligibility

Five years of continuous service or disability.

Benefit

Accrued benefit as of the termination date payable at age 65. Benefits may commence as early as age 55 with actuarially equivalent reductions for early commencement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Death Benefit

Eligibility

Five years of continuous service.

Benefit

50% of the benefit payable if the participant had retired on the date of his death and elected a 50% joint and survivor annuity. Benefit payable to the spouse cannot begin before the date the participant would have been eligible for early retirement. The spouse may also elect to receive payment as either 5- or 10-year certain annuity.

Normal Form of Annuity

Single life annuity, if single; 50% joint and survivor, if married.

Optional Form of Annuity

Single life annuity, joint and survivor annuity (25%, 50%, 75%, or 100%), 10 year certain and life annuity, Social Security level income annuity, lump sum payment (less than \$10,000).

Actuarial Equivalence

Other Than Lump Sum

UP-1984 mortality table and 8.0% interest.

Lump Sum

IRC section 417(e) mortality table for 2009 and interest based on three-segment yield curve.

Compensation

Salary or wages for any plan year excluding any bonuses, pay at premium rates, payments under any other pension plan, and any other amounts not includible in the employee's income for federal income tax purposes.

Final Average Compensation

In effect until December 31, 2009: The average of the highest five consecutive plan years of compensation paid in the final ten consecutive plan years of employment.

Covered Compensation

The 35-year average of the Social Security taxable wage bases.

Continuous Service

Years and completed months of service with the employer.

Credited Service

Years and completed months of service with the employer. Excludes periods of service during which a participant was not an employee.

Prior Plan

the Pension Plan for Salaried Employees of Sigrí Carbon Corporation as in effect on December 31, 1988 and the Polycarbon, Inc. Pension Plan as in effect on December 31, 1988.

Plan Year

January 1 to December 31.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Changes in Plan Provisions Since the Prior Year

The valuation reflects the following plan changes:

- Effective December 31, 2023, the Plan was amended to eliminate all future benefit accruals for former participants of the Pension Plan for the International Union of Electrical Technical Salaried Machine and Furniture Workers Local 502.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.

Changes in Plan Provisions for the January 1, 2023 Valuation

The valuation reflects the following plan changes:

- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$245,000 for 2022 to \$265,000 for 2023.

Changes in Plan Provisions for the January 1, 2022 Valuation

The valuation reflects the following plan changes:

- On November 10, 2021, SGL Carbon, LLC entered into a contractual agreement with the United of Omaha Life Insurance Company and Companion Life Insurance Company (“Mutual of Omaha”) under which Mutual of Omaha will fully and irrevocably guarantee the annuity payments for select retired participants and beneficiaries of the Plan beginning January 1, 2022. The agreement includes all participants receiving monthly payments less than or equal to \$1,000, who commenced benefits on or prior to September 1, 2021. This change does not impact benefit provisions for any of the remaining plan participants.
- Effective December 31, 2021, the Plan was amended to eliminate all future benefit accruals except those for former participants of the Pension Plan for the International Union of Electrical Technical Salaried Machine and Furniture Workers Local 502.
- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$290,000 for 2021 to \$305,000 for 2022.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$230,000 for 2021 to \$245,000 for 2022.

Changes in Plan Provisions for the January 1, 2021 Valuation

The valuation reflects the following plan changes:

- A legislated increase in the annual pay limit under IRC section 401(a)(17) from \$285,000 in 2020 to \$290,000 in 2021.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
SGL Group U.S. Retirement Plan
EIN: 13-0796973 PN: 182

Changes in Plan Provisions for the January 1, 2020 Valuation

The valuation reflects the following plan changes:

- Effective April 1, 2019, the plan was amended to freeze eligibility for hourly employees in the Morganton, NC location. This change did not impact benefit amounts for existing participants.
- A legislated increase in the annual maximum benefit limit under IRC section 415 from \$225,000 in 2019 to \$230,000 in 2020.
- A legislated increase in the annual pay limit under IRC section 401(a)(17) from \$280,000 in 2019 to \$285,000 in 2020.

Changes in Plan Provisions for the January 1, 2019 Valuation

The valuation reflects the following plan changes:

- A legislated increase in the annual maximum benefit limit under IRC section 415 from \$220,000 in 2018 to \$225,000 in 2019.

A legislated increase in the annual pay limit under IRC section 401(a)(17) from \$275,000 in 2018 to \$280,000 in 2019.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

******Printing Instructions******

In order to ensure that the signatures on the documents print, please make sure your settings in Adobe are set to print “document and markups” or similar.

SGL GROUP US
RETIREMENT PLAN

Financial Statements and Supplemental Schedules
for the Years Ended December 31, 2024 and 2023
and Independent Auditors' Report



GreerWalker

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INDEPENDENT AUDITORS' REPORT

To the Defined Benefit Plan Committee and Participants of the SGL Group US Retirement Plan:

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

We have performed audits of the financial statements of the SGL Group US Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Audits 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 generally accepted accounting principles in the United States of America ("GAAP").
- 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 generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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.

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Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 (the "ERISA-required supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the ERISA-required 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 ERISA-required supplemental schedules, we evaluated whether the ERISA-required supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the ERISA-required supplemental schedules, other than the information in the ERISA-required supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the ERISA-required 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).



Certified Public Accountants
October 14, 2025
Charlotte, NC

SGL GROUP US RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value	\$ 61,950,279	\$ 65,349,786
Accrued income	<u>2,849</u>	<u>6,676</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 61,953,128</u>	<u>\$ 65,356,462</u>

See notes to financial statements.

SGL GROUP US RETIREMENT PLAN

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 (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (893,162)	\$ 4,997,460
Interest and dividend income	<u>39,318</u>	<u>37,744</u>
Total investment income (loss), net	<u>(853,844)</u>	<u>5,035,204</u>
Total additions, net	<u>(853,844)</u>	<u>5,035,204</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,548,311	2,401,608
Administrative expenses	<u>1,179</u>	<u>943</u>
Total deductions	<u>2,549,490</u>	<u>2,402,551</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(3,403,334)	2,632,653
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>65,356,462</u>	<u>62,723,809</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 61,953,128</u>	<u>\$ 65,356,462</u>

See notes to financial statements.

SGL GROUP US RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. PLAN DESCRIPTION

The following description of the SGL Group US Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan that covers certain salaried and hourly employees of SGL Carbon, LLC and SGL Technic, LLC (the "Employer"), except non-resident aliens and union employees, unless the union agreement specifically provides for participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was restated effective January 1, 2013. The following amendments have been executed since the Plan was restated effective January 1, 2013:

- Effective September 30, 2017, employees included in the SGL Carbon, LLC Salaried Employee's Retirement Plan and Pension Plan for the Employees of SGL Technic, LLC sub-plans will be frozen pertaining to participation for employees hired or rehired on or after October 1, 2017.
- Effective January 1, 2019, active participants who directly transfer employment on or after January 1, 2019 from SGL Carbon, LLC to SGL Technologies, LLC were permitted to continue to be eligible to participate in the Plan as an employee of SGL Technologies, LLC.
- Effective January 1, 2019, the Plan was amended to freeze participation in the subset SGL Carbon LLC Hourly Employees Retirement Plan such that no employee of the Employer who becomes employed or reemployed by the Employer on or after April 1, 2019 may become a participant in or resume active participation in the Plan, and such rehired employees shall not have any compensation or service for periods on or after April 1, 2019 considered for benefit accrual purposes or otherwise accrue any benefits under the Plan for periods on or after April 1, 2019.
- Effective December 31, 2021, the Plan was amended to cease and freeze benefit accruals such that there will be no further benefit accruals under the Plan for all participants except participants who are members of the International Union of Electrical Technical Salaried Machine and Furniture Workers 502.

The Plan is administered by the Defined Benefit Plan Committee. The Defined Benefit Plan Committee has overall responsibility for the operation and administration of the Plan. The Defined Benefit Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions - The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the years ended December 31, 2024 and 2023, no contributions were required by the Employer to meet or exceed the annual ERISA minimum funding requirement.

Vesting - Participants are fully vested upon the earlier of five years of service or upon reaching age 55.

Pension Benefits - Participants are entitled to monthly pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement beginning at age 55, for those who have completed ten years of service. Participants whose accumulated Plan benefit is less than \$5,000 will be paid in a lump sum upon reaching retirement age. All other participants may have their benefits paid through either a single life annuity or a joint and survivor annuity.

Death and Disability Benefits - Payments to beneficiaries upon death of a participant vary depending upon the election made. Active employees who become totally disabled receive disability benefits until they reach normal retirement age, at which time they are eligible for normal retirement benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

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 as of the measurement date. The Defined Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Northern Trust Company, the Trustee of the Plan. See Note 4 for disclosure of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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 are recorded when paid.

Administrative Expenses - The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events - Management has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included in the financial statements and the ERISA-required supplemental schedules, that was prepared by, or derived from, information prepared by the Trustee and furnished to management. Management has obtained certifications from the Trustee that such information is complete and accurate as of and for the years ended December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Assets:		
Collective trust funds	\$ 61,950,279	\$ 62,649,626
Real estate fund	\$ -	\$ 1,664,829
Exempt investment company	\$ -	\$ 1,035,331
	<u>2024</u>	<u>2023</u>
Income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (893,162)	\$ 4,997,460
Interest and dividend income	\$ 39,318	\$ 37,744

4. FAIR VALUE MEASUREMENTS

GAAP provides the framework for measuring fair value by utilizing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The 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.

Collective trust funds: The Plan's investments in collective trust funds are primarily investments in commercial paper, certificates of deposit, and federal obligation securities. The investment's objectives are to maximize current income on cash reserves to the extent consistent with principal preservation and maintenance of liquidity from a portfolio of approved money market instruments with short maturities.

Real estate fund: The real estate fund ("Fund") includes the Plan's investment in an asset mix that seeks to generate favorable long-term returns primarily through rental income and appreciation of real estate and real estate-related investments owned by the Fund. The Fund will also invest in non-real estate-related publicly traded securities and short-term higher quality liquid investments that are easily converted to cash to enable the fund to meet participant redemption requests, purchase or improve properties, or cover expense needs.

Exempt investment company (AON Hewitt Offshore Fund): The Plan is invested in an exempt investment company that invests primarily in private investment companies. The investment objective of the exempt investment company is to generate consistent long-term capital appreciation with diversification of risk through the use of a "multi-manager, multi-strategy" global investment approach, which utilizes the services of investment advisors or other investment managers employing a variety of trading styles or strategies.

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

As of December 31, 2024 and 2023, all investments held by the Plan were valued using net asset value (“NAV”) as a practical expedient. In accordance with GAAP, the requirement to categorize investments within the fair value hierarchy for which fair value is measured using the NAV per share practical expedient has been removed. Accordingly, as of December 31, 2024 and 2023, no investments held by the Plan are required to be categorized within the fair value hierarchy.

Fair Value of Investments in Entities that Use NAV as a Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2024 and 2023:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Funds - Fixed Income	\$61,853,444	None	Daily	Up to 15 days
Collective trust funds - mid cap	\$96,835	None	Daily	15 days

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds - fixed income	\$62,556,452	None	Daily	Up to 15 days
Collective trust funds - mid cap	\$93,174	None	Daily	15 days
Real estate fund	\$1,664,829	None	Daily	15 days
Exempt investment company	\$1,035,331	None	Daily	12 months

5. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain investments of the Plan are managed by Northern Trust Company. Northern Trust Company is the Trustee for the Plan and, therefore, these transactions qualify as exempt party in interest transactions.

Other administrative expenses are paid directly by the Employer as is allowed by the plan document. Certain plan assets are maintained by Aon Hewitt Group Trust (“AHGT”), an entity which is related to Aon Hewitt, the Plan’s actuary, which, therefore, qualifies AHGT as a party in interest.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event 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:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan’s termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.

- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Any funds remaining after the satisfaction of all liabilities under the Plan with respect to participants, transferred retirees or their beneficiaries shall be returned to the Employer. In the event of a partial termination of the Plan, the interests in the Plan of all participants affected by such partial termination shall be fully vested and non-forfeitable to the extent funded as of the date of such partial termination.

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 survivors' 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 on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Employer and the level of benefits guaranteed by the PBGC.

7. TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Employer by a letter dated May 20, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, management and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax period in progress.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 the amounts reported in the statements of net assets available for benefits.

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

9. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023 there would be no material differences. The significant actuarial assumptions used in the valuations as of December 31, 2023 were:

Discount rate and expected return on assets	4.90%
Mortality basis after normal retirement age	Pri-2012 fully generational mortality table for employees, retirees and contingent survivors, projected with scale MP-2021 (with blue collar adjustment for union and hourly groups)
Assumed retirement date	Age 55 or the completion of 10 years of service, if later

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

The total actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 28,139,505
Participants entitled to deferred benefits	<u>35,864,042</u>
Total vested benefits	64,003,547
Nonvested benefits	<u>726,279</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 64,729,826</u>

The change in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	<u>\$ 57,720,550</u>
Increase (decrease) attributed to:	
Interest accumulation	3,222,574
Benefits paid	(2,401,608)
Assumption changes	6,101,283
Additional benefits earned, including experience gains	<u>87,027</u>
Net increase	<u>7,009,276</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 64,729,826</u>

The computation of accumulated plan benefits as of December 31, 2023, does not include the effects of any other plan amendments adopted subsequent to December 31, 2023.

SGL GROUP US RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2024

EIN: 13-0796973 - PN: 182

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Collective Trust Funds:			
*	Aon Hewitt Group Trust	MFO Aon Long Credit Bond Fund - Class I	\$ 46,929,473	\$ 46,503,467
*	Aon Hewitt Group Trust	MFO Aon US Long Government Bond Index Fund	5,225,230	4,923,920
*	Aon Hewitt Group Trust	MFO AGT US Int Active Credit Fund	4,721,161	4,855,866
*	Aon Hewitt Group Trust	MFO Aon US Intermediate Government Bond Index Fund	4,035,137	4,136,487
*	Northern Trust Company	COLTV Short Term Investment Fund	891,785	891,785
*	Aon Hewitt Group Trust	MFO Aon 20+ Year US Treasury Strips Fund	627,367	541,919
*	Aon Hewitt Group Trust	MFO Aon Mid LOC Fund	93,174	96,835
	Total		<u>\$ 62,523,327</u>	<u>\$ 61,950,279</u>

* Party in interest to the Plan.

See independent auditors' report.

SGL GROUP US RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 13-0796973 - PN: 182

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
* Northern Trust Company	MFO Aon US Intermediate Government Bond Index Fund	\$ 5,350,000				\$ 5,350,000	\$ 5,350,000	
* Northern Trust Company	MFO Aon US Intermediate Government Bond Index Fund		\$ 2,000,000			\$ 1,948,467	\$ 2,000,000	\$ 51,533
* Northern Trust Company	MFO Aon US Long Government Bond Index Fund	\$ 700,000				\$ 700,000	\$ 700,000	
* Northern Trust Company	MFO Aon US Long Government Bond Index Fund		\$ 3,650,000			\$ 4,500,877	\$ 3,650,000	\$ (850,877)
* Northern Trust Company	MFO Aon Intermediate Credit Fund	\$ 3,900,000				\$ 3,900,000	\$ 3,900,000	
* Northern Trust Company	MFO Aon Long Credit Bond Fund	\$ 1,800,000				\$ 1,800,000	\$ 1,800,000	
* Northern Trust Company	MFO Aon Long Credit Bond Fund		\$ 4,300,000			\$ 4,590,518	\$ 4,300,000	\$ (290,518)
* Northern Trust Company	NT Collective Short Term Investment Fund	\$ 9,732,538				\$ 9,732,538	\$ 9,732,538	
* Northern Trust Company	NT Collective Short Term Investment Fund		\$ 10,769,031			\$ 10,769,031	\$ 10,769,031	\$ -

* Party in interest to the Plan

SGL GROUP US RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2024

EIN: 13-0796973 - PN: 182

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Collective Trust Funds:			
*	Aon Hewitt Group Trust	MFO Aon Long Credit Bond Fund - Class I	\$ 46,929,473	\$ 46,503,467
*	Aon Hewitt Group Trust	MFO Aon US Long Government Bond Index Fund	5,225,230	4,923,920
*	Aon Hewitt Group Trust	MFO AGT US Int Active Credit Fund	4,721,161	4,855,866
*	Aon Hewitt Group Trust	MFO Aon US Intermediate Government Bond Index Fund	4,035,137	4,136,487
*	Northern Trust Company	COLTV Short Term Investment Fund	891,785	891,785
*	Aon Hewitt Group Trust	MFO Aon 20+ Year US Treasury Strips Fund	627,367	541,919
*	Aon Hewitt Group Trust	MFO Aon Mid LOC Fund	93,174	96,835
	Total		<u>\$ 62,523,327</u>	<u>\$ 61,950,279</u>

* Party in interest to the Plan.

See independent auditors' report.

SGL GROUP US RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 13-0796973 - PN: 182

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
* Northern Trust Company	MFO Aon US Intermediate Government Bond Index Fund	\$ 5,350,000				\$ 5,350,000	\$ 5,350,000	
* Northern Trust Company	MFO Aon US Intermediate Government Bond Index Fund		\$ 2,000,000			\$ 1,948,467	\$ 2,000,000	\$ 51,533
* Northern Trust Company	MFO Aon US Long Government Bond Index Fund	\$ 700,000				\$ 700,000	\$ 700,000	
* Northern Trust Company	MFO Aon US Long Government Bond Index Fund		\$ 3,650,000			\$ 4,500,877	\$ 3,650,000	\$ (850,877)
* Northern Trust Company	MFO Aon Intermediate Credit Fund	\$ 3,900,000				\$ 3,900,000	\$ 3,900,000	
* Northern Trust Company	MFO Aon Long Credit Bond Fund	\$ 1,800,000				\$ 1,800,000	\$ 1,800,000	
* Northern Trust Company	MFO Aon Long Credit Bond Fund		\$ 4,300,000			\$ 4,590,518	\$ 4,300,000	\$ (290,518)
* Northern Trust Company	NT Collective Short Term Investment Fund	\$ 9,732,538				\$ 9,732,538	\$ 9,732,538	
* Northern Trust Company	NT Collective Short Term Investment Fund		\$ 10,769,031			\$ 10,769,031	\$ 10,769,031	\$ -

* Party in interest to the Plan