

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE STATE CHEMICAL MANUFACTURING COMPANY EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</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>STATE INDUSTRIAL PRODUCTS CORPORATION</u></p> <p style="font-size: x-small; margin-top: 10px;"><u>5915 LANDERBROOK DR STE 300</u> <u>MAYFIELD HEIGHTS, OH 44124</u></p>	<p>1c Effective date of plan <u>06/11/1979</u></p> <p>2b Employer Identification Number (EIN) <u>34-0552740</u></p> <p>2c Plan Sponsor's telephone number <u>440-544-5111</u></p> <p>2d Business code (see instructions) <u>325600</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	BRIAN LIMBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																											
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																											
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">677</td> </tr> </table>	5	677																									
5	677																											
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">677</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">622</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">622</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: right;">622</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(2)</td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;">6h</td> <td style="text-align: right;"></td> </tr> </table>				6a(1)	6a(2)	677	6b	6c	622	6b	6c	0	6d	6e	0	6d	6e	622	6f	6g(1)	622	6f	6g(2)		6h	6h	
6a(1)	6a(2)	677																										
6b	6c	622																										
6b	6c	0																										
6d	6e	0																										
6d	6e	622																										
6f	6g(1)	622																										
6f	6g(2)																											
6h	6h																											
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																										
7																												

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4F 4H

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE STATE CHEMICAL MANUFACTURING COMPANY EMPLOYEE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 STATE INDUSTRIAL PRODUCTS CORPORATION</p>	<p>D Employer Identification Number (EIN) 34-0552740</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3341522	622	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	497570
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	0

Part IV Provision of Information

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

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

SCHEDULE 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 THE STATE CHEMICAL MANUFACTURING COMPANY EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 STATE INDUSTRIAL PRODUCTS CORPORATION	D Employer Identification Number (EIN) 34-0552740	

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)

CIGNA HEALTH AND LIFE INSURANCE COM

59-1031071

(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?
12 13 31 38 49 50 56 62	CLAIM ADMIN & RELATED SVC	282362	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)

JAMES B OSWALD COMPANY

1100 SUPERIOR AVE SUITE 1500
CLEVELAND, OH 44114

(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?
22	AGENT/AGENCY	85040	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELTA DENTAL OF OHIO

31-0685339

(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?
12 13	BENEFIT ADMINISTRATOR	17549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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
THE JAMES B OSWALD COMPANY	22	5220

(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.
DELTA DENTAL OF OHIO 31-0685339	COMMISSIONS

(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 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE STATE CHEMICAL MANUFACTURING COMPANY EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 STATE INDUSTRIAL PRODUCTS CORPORATION	D Employer Identification Number (EIN) 34-0552740

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1643764
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1308495	1643764
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	1308495	1643764

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)	5521928	
(B) Participants.....	2a(1)(B)	2181514	
(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)		7703442
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16865	
(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)		16865
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		32885
d Total income. Add all income amounts in column (b) and enter total	2d		7753192

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6284780	
(2) To insurance carriers for the provision of benefits	2e(2)	908182	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7192962
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)		
(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)	224961	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		224961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7417923

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		335269
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: **MEADEN & MOORE, LTD**

(2) EIN: **34-1818258**

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	
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.)		X	
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.		X	

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 _____.

THE STATE CHEMICAL MANUFACTURING COMPANY EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2024

INDEX

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

Board of Directors
The State Chemical Manufacturing Company Employee Benefit Plan
Cleveland, Ohio

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

We have performed an audit of the financial statements of The State Chemical Manufacturing Company Employee Benefit 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 statement of net assets available for benefits (modified cash basis) and the statement of plan benefit obligations (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) and statement of changes in plan benefit obligations (modified cash basis) 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 audit of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution, U.S. Bank, N.A., as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the 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 the modified cash basis of accounting.
- 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical

Meaden & Moore, Ltd.

(A Meaden & Moore Affiliate Company)

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requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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 the modified cash basis of accounting.

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.

Basis of Accounting

As described in Note 2, the Plan prepares its financial statements on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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



Meaden & Moore, Ltd.
Dublin, Ohio

October 15, 2025

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

The State Chemical Manufacturing Company Employee Benefit Plan

	December 31	
	2024	2023
ASSETS		
Imprest Deposit	\$ 203,618	\$ 103,128
Investments, at Fair Value - Money Market Fund	1,440,146	1,205,367
Total Assets	1,643,764	1,308,495
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 1,643,764	\$ 1,308,495

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

The State Chemical Manufacturing Company Employee Benefit Plan

	Year Ended December 31	
	2024	2023
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 5,521,928	\$ 5,141,615
Employee	<u>2,181,514</u>	<u>2,241,178</u>
Total Contributions	7,703,442	7,382,793
Interest and dividend income	16,865	25,648
Stop loss reimbursements	<u>32,885</u>	<u>120,021</u>
Total Additions	7,753,192	7,528,462
Deductions from Net Assets Attributed to:		
Claims paid	6,284,780	6,471,122
Insurance premiums	908,182	571,415
Administrative expenses	<u>224,961</u>	<u>198,463</u>
Total Deductions	<u>7,417,923</u>	<u>7,241,000</u>
Net Increase	335,269	287,462
Net Assets Available for Benefits:		
Beginning of the Year	<u>1,308,495</u>	<u>1,021,033</u>
End of the Year	<u>\$ 1,643,764</u>	<u>\$ 1,308,495</u>

See accompanying notes.

STATEMENT OF PLAN BENEFIT OBLIGATIONS
MODIFIED CASH BASIS

The State Chemical Manufacturing Company Employee Benefit Plan

	Year Ended December 31	
	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents	\$ -	\$ -
Other obligations for current benefit coverage, at present value of estimated amounts - claims incurred but not reported	<u>655,261</u>	<u>500,000</u>
	<u>\$ 655,261</u>	<u>\$ 500,000</u>

See accompanying notes.

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
MODIFIED CASH BASIS

The State Chemical Manufacturing Company Employee Benefit Plan

	Year Ended December 31	
	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance - Beginning of the Year	\$ 500,000	\$ 450,000
Claims approved for payment or incurred but not reported	6,440,041	6,521,122
Claims paid	(6,284,780)	(6,471,122)
 Balance - End of the Year	 \$ 655,261	 \$ 500,000

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

The State Chemical Manufacturing Company Employee Benefit Plan

1 Description of Plan

The following description of The State Chemical Manufacturing Company Employee Benefit Plan (“Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan provides medical benefits, prescription drug, dental, vision, life and disability benefits covering employees of State Industrial Products (“Company”) who have met the service requirement of 30 days of employment with the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Company is self-insured for medical claims up to \$500,000 of claims per participant, after which time claims are covered by insurance from a third party. The Plan also provides continuation of certain benefits upon termination of employment through COBRA.

Eligibility:

Active employees become eligible for benefits under the Plan after electing coverage under the Plan and fulfilling certain requirements, as established by the Company.

Contributions:

The Company may make contributions to the trust fund for the exclusive benefit of the participants, their dependents and designated beneficiaries covered by the Plan. An employee contributes specific amounts, determined annually, for a portion of his or her coverage and to extend coverage to his or her eligible dependents.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the modified cash basis of accounting. Under the modified cash basis of accounting, contributions and investment income are recognized when received; benefit payments and expenses are recorded when paid.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments purchased and sold as held during the year.

NOTES TO FINANCIAL STATEMENTS

The State Chemical Manufacturing Company Employee Benefit Plan

2 Summary of Significant Accounting Policies, Continued

Use of Estimates:

The preparation of financial statements in conformity with the modified cash basis of accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Various administrative fees are paid by the Company.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the rights of the covered persons to benefits are limited to claims incurred up to the date of termination. Any termination of the Plan will be communicated to the covered participants.

Risks and Uncertainties:

The Plan's only investment is a money market fund with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Claims Incurred But Not Reported:

The Plan's liability for claims incurred but not reported is based on certain assumptions and claims data provided by the Plan's third-party administrator. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements. Benefit obligations represent the ultimate cost of the Plan of settling claims incurred but not reported for active participants at December 31, 2024 and 2023.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

The State Chemical Manufacturing Company Employee Benefit Plan

3 Tax Status

In October 1979, the Trust funding the Plan received an exemption letter from the Internal Revenue Service, stating that the Trust is tax-exempt under the provisions of Section 501(C) (9) of the Internal Revenue Code (“Code”) as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain tax-exempt status of the Trust. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes the related Trust is tax-exempt.

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain tax 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, currently no audits for any tax periods are in progress.

4 Imprest Deposit

The Plan maintains an imprest account, held by CitiBank, for the benefit of a third-party administrator in the event of a breach of their administrative agreement. An initial balance of \$132,000 was required to fund the account. The amount fluctuates as claims are submitted for payments. As funds are withdrawn, the account is funded weekly. The funds are held in a depository account and are non-interest bearing.

5 Fair Value Measurements

The framework for measuring fair value provides 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- * 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.

NOTES TO FINANCIAL STATEMENTS

The State Chemical Manufacturing Company Employee Benefit Plan

5 Fair Value Measurements, Continued

* 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 that are unobservable inputs for the asset or liability.

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

Money Market Fund:

The Plan measures the money market fund at fair value on a recurring basis. The fair value of the money market fund, a short-term investment, is based primarily on Level 1 inputs as described above.

6 Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the Trustee.

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	\$ 1,440,146	\$ 1,205,367
Interest and Dividends	\$ 16,865	\$ 25,648

7 Party-in-Interest Transactions

The Plan's only investment is shares of a money market fund managed by U.S. Bank, N.A. or its affiliates, the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the investment fund for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4i

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
* U.S. Bank, N.A.	Money Market Fund - First American Government Obligation Fund	\$ 1,440,146	\$ 1,440,146

* Party in interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
First American	First American Government Obligation Fund	\$ 247,742	\$ -	\$ 247,742	\$ 247,742	\$ -
First American	First American Government Obligation Fund	\$ 152,849	\$ -	\$ 152,849	\$ 152,849	\$ -
First American	First American Government Obligation Fund	\$ 182,294	\$ -	\$ 182,294	\$ 182,294	\$ -
First American	First American Government Obligation Fund	\$ 121,551	\$ -	\$ 121,551	\$ 121,551	\$ -
First American	First American Government Obligation Fund	\$ 155,287	\$ -	\$ 155,287	\$ 155,287	\$ -
First American	First American Government Obligation Fund	\$ 147,756	\$ -	\$ 147,756	\$ 147,756	\$ -
First American	First American Government Obligation Fund	\$ 158,941	\$ -	\$ 158,941	\$ 158,941	\$ -
First American	First American Government Obligation Fund	\$ 240,848	\$ -	\$ 240,848	\$ 240,848	\$ -
First American	First American Government Obligation Fund	\$ 170,194	\$ -	\$ 170,194	\$ 170,194	\$ -
First American	First American Government Obligation Fund	\$ 300,000	\$ -	\$ 300,000	\$ 300,000	\$ -
First American	First American Government Obligation Fund	\$ 209,188	\$ -	\$ 209,188	\$ 209,188	\$ -
First American	First American Government Obligation Fund	\$ 200,000	\$ -	\$ 200,000	\$ 200,000	\$ -
First American	First American Government Obligation Fund	\$ 84,441	\$ -	\$ 84,441	\$ 84,441	\$ -
First American	First American Government Obligation Fund	\$ 240,392	\$ -	\$ 240,392	\$ 240,392	\$ -
First American	First American Government Obligation Fund	\$ 170,479	\$ -	\$ 170,479	\$ 170,479	\$ -
First American	First American Government Obligation Fund	\$ 69,317	\$ -	\$ 69,317	\$ 69,317	\$ -
First American	First American Government Obligation Fund	\$ 233,134	\$ -	\$ 233,134	\$ 233,134	\$ -
First American	First American Government Obligation Fund	\$ 86,304	\$ -	\$ 86,304	\$ 86,304	\$ -
First American	First American Government Obligation Fund	\$ 482,187	\$ -	\$ 482,187	\$ 482,187	\$ -
First American	First American Government Obligation Fund	\$ 600,000	\$ -	\$ 600,000	\$ 600,000	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
First American	First American Government Obligation Fund	\$ -	\$ 202,786	\$ 202,786	\$ 202,786	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 74,508	\$ 74,508	\$ 74,508	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 82,308	\$ 82,308	\$ 82,308	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 115,160	\$ 115,160	\$ 115,160	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 84,086	\$ 84,086	\$ 84,086	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 102,504	\$ 102,504	\$ 102,504	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 99,644	\$ 99,644	\$ 99,644	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 105,412	\$ 105,412	\$ 105,412	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 137,848	\$ 137,848	\$ 137,848	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 77,108	\$ 77,108	\$ 77,108	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 116,918	\$ 116,918	\$ 116,918	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 70,628	\$ 70,628	\$ 70,628	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 144,402	\$ 144,402	\$ 144,402	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 135,958	\$ 135,958	\$ 135,958	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 82,627	\$ 82,627	\$ 82,627	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 62,564	\$ 62,564	\$ 62,564	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 97,944	\$ 97,944	\$ 97,944	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 113,238	\$ 113,238	\$ 113,238	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 76,924	\$ 76,924	\$ 76,924	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 107,309	\$ 107,309	\$ 107,309	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 138,614	\$ 138,614	\$ 138,614	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
First American	First American Government Obligation Fund	\$ -	\$ 145,663	\$ 145,663	\$ 145,663	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 101,567	\$ 101,567	\$ 101,567	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 311,551	\$ 311,551	\$ 311,551	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 104,552	\$ 104,552	\$ 104,552	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 106,462	\$ 106,462	\$ 106,462	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 126,582	\$ 126,582	\$ 126,582	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 74,498	\$ 74,498	\$ 74,498	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 125,403	\$ 125,403	\$ 125,403	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 97,850	\$ 97,850	\$ 97,850	\$ -

Category (iii) - A Series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:

First American	First American Government Obligation Fund	\$ 4,268,695	\$ -	\$ 4,268,695	\$ 4,268,695	\$ -
	First American Government Obligation Fund	\$ -	\$ 4,033,922	\$ 4,033,922	\$ 4,033,922	\$ -

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4i

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
* U.S. Bank, N.A.	Money Market Fund - First American Government Obligation Fund	\$ 1,440,146	\$ 1,440,146

* Party in interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
First American	First American Government Obligation Fund	\$ 247,742	\$ -	\$ 247,742	\$ 247,742	\$ -
First American	First American Government Obligation Fund	\$ 152,849	\$ -	\$ 152,849	\$ 152,849	\$ -
First American	First American Government Obligation Fund	\$ 182,294	\$ -	\$ 182,294	\$ 182,294	\$ -
First American	First American Government Obligation Fund	\$ 121,551	\$ -	\$ 121,551	\$ 121,551	\$ -
First American	First American Government Obligation Fund	\$ 155,287	\$ -	\$ 155,287	\$ 155,287	\$ -
First American	First American Government Obligation Fund	\$ 147,756	\$ -	\$ 147,756	\$ 147,756	\$ -
First American	First American Government Obligation Fund	\$ 158,941	\$ -	\$ 158,941	\$ 158,941	\$ -
First American	First American Government Obligation Fund	\$ 240,848	\$ -	\$ 240,848	\$ 240,848	\$ -
First American	First American Government Obligation Fund	\$ 170,194	\$ -	\$ 170,194	\$ 170,194	\$ -
First American	First American Government Obligation Fund	\$ 300,000	\$ -	\$ 300,000	\$ 300,000	\$ -
First American	First American Government Obligation Fund	\$ 209,188	\$ -	\$ 209,188	\$ 209,188	\$ -
First American	First American Government Obligation Fund	\$ 200,000	\$ -	\$ 200,000	\$ 200,000	\$ -
First American	First American Government Obligation Fund	\$ 84,441	\$ -	\$ 84,441	\$ 84,441	\$ -
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First American	First American Government Obligation Fund	\$ 600,000	\$ -	\$ 600,000	\$ 600,000	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

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First American	First American Government Obligation Fund	\$ -	\$ 138,614	\$ 138,614	\$ 138,614	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

The State Chemical Manufacturing Company Employee Benefit Plan

FORM 5500, SCHEDULE H, LINE 4j

EIN 34-0552740, PLAN NO. 503

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
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First American	First American Government Obligation Fund	\$ -	\$ 106,462	\$ 106,462	\$ 106,462	\$ -
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First American	First American Government Obligation Fund	\$ -	\$ 74,498	\$ 74,498	\$ 74,498	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 125,403	\$ 125,403	\$ 125,403	\$ -
First American	First American Government Obligation Fund	\$ -	\$ 97,850	\$ 97,850	\$ 97,850	\$ -

Category (iii) - A Series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:

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	First American Government Obligation Fund	\$ -	\$ 4,033,922	\$ 4,033,922	\$ 4,033,922	\$ -

There were no Category (ii) or (iv) reportable transactions during the year.