

<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>IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>IGM RESINS USA INC.</u></p> <p><u>GOMPERSTRAAT 49</u> <u>WAALWIJK, THE NETHERLANDS 5145 RM NL</u></p>	<p>1c Effective date of plan <u>09/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>98-0662756</u></p> <p>2c Plan Sponsor's telephone number <u>+310416742734</u></p> <p>2d Business code (see instructions) <u>325100</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.	10/22/2025	MATTHIJS VAN DER HEIDE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	112
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)	3
	6a(2)	0
	6b	69
	6c	30
	6d	99
	6e	14
	6f	113
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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>IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>IGM RESINS USA INC.</u>	D Employer Identification Number (EIN) <u>98-0662756</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>11381305</u>
	b Actuarial value	2b	<u>11381305</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>81</u>	<u>9018746</u>
	b For terminated vested participants	<u>28</u>	<u>1670442</u>
	c For active participants	<u>3</u>	<u>164588</u>
	d Total	<u>112</u>	<u>10853776</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>5.07 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>33000</u>
	c Target normal cost	6c	<u>33000</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>10/08/2025</u>	Date
	<u>DANIEL C. BERRY, FSA, MAAA, EA</u>	<u>23-05980</u>	Most recent enrollment number
	Type or print name of actuary	<u>336-291-1143</u>	Telephone number (including area code)
	<u>MCGRIFF, A MARSH & MCLENNAN COMPANY</u>		
	Firm name		
	<u>3318 WEST FRIENDLY AVENUE, SUITE 400</u> <u>GREENSBORO, NC 27410</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	179926
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	179926
10	Interest on line 9 using prior year's actual return of <u>17.09</u> %	0	30749
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		62
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>5.20</u> %		3
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		65
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	210675

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.91 %
15	Adjusted funding target attainment percentage	15	104.86 %
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	88.05 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

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

21 Discount rate:

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

22 Weighted average retirement age **22** 62

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	33000
b Excess assets, if applicable, but not greater than line 31a	31b	33000

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	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 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 IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 IGM RESINS USA INC.	D Employer Identification Number (EIN) 98-0662756	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

STERLING CAPITAL

42-1658828

(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?
27 28 51	NONE	25932	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	11951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 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 IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 IGM RESINS USA INC.	D Employer Identification Number (EIN) 98-0662756

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 245914	0
(2) Participant contributions	1b(2) 0	0
(3) Other	1b(3) 7347	7570
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 265100	150483
(2) U.S. Government securities	1c(2) 0	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 0	0
(B) All other	1c(3)(B) 0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A) 0	0
(B) Common	1c(4)(B) 2037415	2227423
(5) Partnership/joint venture interests	1c(5) 0	0
(6) Real estate (other than employer real property)	1c(6) 0	0
(7) Loans (other than to participants)	1c(7) 0	0
(8) Participant loans	1c(8) 0	0
(9) Value of interest in common/collective trusts	1c(9) 0	0
(10) Value of interest in pooled separate accounts	1c(10) 0	0
(11) Value of interest in master trust investment accounts	1c(11) 0	0
(12) Value of interest in 103-12 investment entities	1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 8834096	9111347
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 0	0
(15) Other	1c(15) 0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	11389872	11496823
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	11389872	11496823

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)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(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)	11069	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11069
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	36583	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	301125	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		337708
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	648796
c Other income	2c	-21
d Total income. Add all income amounts in column (b) and enter total.....	2d	997552

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	852718
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	852718
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	25932
(6) Bank or trust company trustee/custodial fees	2i(6)	11951
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	37883
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	890601

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	106951
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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		1000000
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 554751.

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>IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IGM RESINS USA INC.</u>	D Employer Identification Number (EIN) <u>98-0662756</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 56-1074313

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 _____.

******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.

IGM RESINS CHARLOTTE, INC.
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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GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the IGM Resins Charlotte, Inc. Retirement Plan:

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

We have performed audits of the financial statements of the IGM Resins Charlotte, Inc. 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 meet 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 meet the requirements of ERISA Section 103(a)(3)(C).



Certified Public Accounts
October 20, 2025
Charlotte, NC

IGM RESINS CHARLOTTE, INC. 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	\$ 11,489,253	\$ 11,136,611
Accrued interest and dividend income	7,570	7,347
Employer contributions receivable	<u>-</u>	<u>245,914</u>
Total assets	11,496,823	11,389,872
LIABILITIES:		
Accrued administrative expense	<u>16,336</u>	<u>15,601</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,480,487</u>	<u>\$ 11,374,271</u>

See notes to financial statements.

IGM RESINS CHARLOTTE, INC. 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:		
Net appreciation in fair value of investments	\$ 648,775	\$ 1,447,605
Interest and dividend income	348,777	258,878
Total investment income	997,552	1,706,483
Employer contributions	-	245,914
Total additions	997,552	1,952,397
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	852,718	775,436
Administrative expenses	38,618	48,206
Total deductions	891,336	823,642
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	106,216	1,128,755
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	11,374,271	10,245,516
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 11,480,487	\$ 11,374,271

See notes to financial statements.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

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

1. PLAN DESCRIPTION

The following description of the IGM Resins Charlotte, Inc. 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 noncontributory defined benefit plan which was established by IGM Resins USA, Inc. (the "Employer"), effective September 1, 2010. The Plan was established by a spinoff of the assets and liabilities of the Cognis Corporation Retirement Plan related to an asset sale by Cognis Corporation to IGM Resins USA, Inc. Following the asset purchase, certain active employees of Cognis Corporation became employees of IGM Resins USA, Inc. and a spinoff of the assets and liabilities of the Cognis Corporation Retirement Plan attributable to such employees (along with assets and liabilities associated with former employees at the Charlotte facility) was transferred to the Plan. The Plan is frozen to new participants and any employee whose initial day of employment with the Employer occurred on or after July 11, 2011 is not eligible to participate in the Plan. Effective July 1, 2013, employees and participants no longer accrue benefits under the Plan, and service and compensation after that date will not count toward the determination of benefits under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Employer's Benefits Committee. The Benefits Committee has overall responsibility for the operation and administration of the Plan. The Benefits 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. The Employer did not make any contributions for the year ended December 31, 2024. For the year ended December 31, 2023, \$245,914 in contributions were made by the Employer. The Employer's contributions for the years ended December 31, 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Vesting - A participant is 100% vested after five years of credited service.

Pension Benefits - Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (sixty-five) equal to the sum of (i) his or her Cognis Past Service Benefit, (ii) his or her Cognis Future Service Benefit, and (iii) his or her IGM Service Benefit. The Cognis Past Service Benefit is the participant's accrued benefits as of December 31, 2003 determined under the terms of the Cognis Corporation Retirement Plan as in effect on such date taking into account all grandfathered minimum benefits and all offset amounts determined as of such date. The Cognis Future Service Benefit is, except as otherwise provided below, the sum of 1% of the participant's compensation for each year or part thereof recognized under the Cognis Corporation Retirement Plan beginning on and after January 1, 2004 but prior to September 1, 2010, divided by twelve (except divided by eight for the partial year beginning on January 1, 2010). The IGM Service Benefit is the sum of 1% of the participant's compensation for each plan year beginning on and after September 1, 2010 to December 31, 2013, divided by twelve (except divided by four for the initial plan year ended on December 31, 2010 and divided by six for the plan year ended December 31, 2013). The Plan permits early retirement at ages fifty-five to sixty-four. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Employer's contributions. Participants may elect to receive their benefits as a single life annuity payable monthly from retirement, qualified joint and survivor annuity, qualified optional survivor annuity, survivor annuity or ten-year certain annuity.

Death and Disability Benefits - If an active participant dies at age fifty-five or older; a death benefit is computed assuming a married participant had terminated on date of death and had elected a 75% joint and survivor option. Post-retirement death benefits are dependent upon the form of payment selected. Participants who are entitled to receive payment of any retirement income benefit payments and payments from the Employer's separate plan of long or short term disability income benefits or workers' compensation benefits, will have the payment of retirement income under the Plan deferred until the earlier of the date such long or short term disability income or workers' compensation benefits cease or the participant reaches normal retirement age. The participant will be credited with service, for purposes of vesting and benefit accrual while disabled and compensation, for the purpose of computing any benefits, will be the amount of the participant's regular wage or salary that they were receiving at the time they became disabled.

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 Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Truist Bank, 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 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 in fair value of investments.

Subsequent Events - Management has evaluated subsequent events through October 20, 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:		
Mutual funds	\$ 5,998,607	\$ 6,139,687
Exchange traded funds	\$ 3,112,740	\$ 2,694,409
Common stocks	\$ 2,227,423	\$ 2,037,415
Interest-bearing cash	\$ 150,483	\$ 265,100
Accrued interest and dividend income	\$ 7,570	\$ 7,347
Income:		
Net appreciation in fair value of investments	\$ 648,775	\$ 1,447,605
Interest and dividend income	\$ 348,777	\$ 258,878

4. FAIR VALUE MEASUREMENTS

GAAP provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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 | <p>Inputs to the valuation methodology include:</p> <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. <p>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.</p> |
| 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 used need to maximize the use of 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.

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

Exchange traded funds ("ETF"): Valued at the daily closing price as reported by the fund. ETFs held by the Plan are closed-end ETFs that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The ETFs held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Interest-bearing cash: Valued at the ending cash balance plus any accrued interest held by the Plan as of year-end.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 5,998,607	\$ -	\$ -	\$ 5,998,607
Exchange traded funds	3,112,740	-	-	3,112,740
Common stocks	2,227,423	-	-	2,227,423
Interest-bearing cash	<u>150,483</u>	<u>-</u>	<u>-</u>	<u>150,483</u>
Investments, at fair value	<u>\$ 11,489,253</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,489,253</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 6,139,687	\$ -	\$ -	\$ 6,139,687
Exchange traded funds	2,694,409	-	-	2,694,409
Common stocks	2,037,415	-	-	2,037,415
Interest-bearing cash	<u>265,100</u>	<u>-</u>	<u>-</u>	<u>265,100</u>
Investments, at fair value	<u>\$ 11,136,611</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,136,611</u>

5. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Truist Bank is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as exempt party in interest transactions.

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 has determined and informed the Employer by a letter dated July 10, 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. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 11,480,487	\$ 11,374,271
Add: Accrued administrative expense	<u>16,336</u>	<u>15,601</u>
Net assets available for benefits per Form 5500	<u>\$ 11,496,823</u>	<u>\$ 11,389,872</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Change in net assets available for benefits per the financial statements	\$ 106,216	\$ 1,128,755
Less: Accrued administrative expense, beginning of year	(15,601)	-
Add: Accrued administrative expense, end of year	<u>16,336</u>	<u>15,601</u>
Change in net assets available for benefits per Form 5500	<u>\$ 106,951</u>	<u>\$ 1,144,356</u>

10. 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	6.25%
Mortality basis after normal retirement age	Pri-2012 Amount-Weighted Mortality Table (generational, not static) projected by Scale MP-2021, sex-distinct, with separate rates pre- and post-commencement.
Assumed retirement date	Age 55 or the completion of 5 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	\$ 8,255,639
Participants entitled to deferred benefits	1,478,454
Other participants	<u>141,006</u>
Total vested benefits	9,875,099
Actuarial present value of nonvested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 9,875,099</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>\$ 9,697,241</u>
Increase (decrease) attributed to:	
Decrease in discount period	652,126
Benefits paid	(775,436)
Assumption changes	601,909
Additional benefits earned, including experience gains and losses	<u>(300,741)</u>
Net change	<u>177,858</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 9,875,099</u>

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED ON PAGE 14)

EIN: 98-0662756 - PN: 002

(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
	Sterling Capital Total Return Bond Fund	Mutual Funds	\$ 1,676,618	\$ 1,559,234
	Vanguard S&P 500 Etf	Exchange Traded Funds	1,026,337	1,525,910
	Guggenheim- Total Return Bond Fd Cl Instl	Mutual Funds	1,291,703	1,186,465
	Pgim Total Return Bond Fd Cl R6	Mutual Funds	1,210,910	1,116,538
	Hartford Total Return Bond Fund Etf	Exchange Traded Funds	1,035,706	965,470
	Neuberger Berman Strategic Income Fd Cl R6	Mutual Funds	569,163	544,401
	Touchstone Mid Cap Value Fd Cl Instl	Mutual Funds	538,058	532,859
	Touchstone Mid Cap Growth Fd Cl R6	Mutual Funds	269,414	342,574
	Ishares Core Msci Emerging Markets Etf	Exchange Traded Funds	243,457	246,270
	Ishares Core Msci International Developed Markets Etf	Exchange Traded Funds	182,883	233,188
	Hotchkis & Wiley Small Cap Diversified Value Fund	Mutual Funds	207,875	213,937
	Alispring Special International Small Cap Fund	Mutual Funds	177,364	197,454
	Victory Sophus Emerging Markets Fd Cl R6	Mutual Funds	174,599	152,064
	Blackrock Liquidity Fds Fedfund Mmkt Instl #81	Interest-Bearing Cash	150,483	150,483
	Vanguard Short-Term Government Bond Etf	Exchange Traded Funds	142,256	141,901
	Pimco Real Return Fd Cl Instl	Mutual Funds	113,864	112,298
	Tesla Inc	Common Stock	44,102	101,768
	Nvidia Corp	Common Stock	12,673	88,497
	Meta Platforms Inc Cl A	Common Stock	15,968	73,189
	Microsoft Corp	Common Stock	40,912	67,019
	Amazon.Com Inc	Common Stock	40,969	61,868
	Netflix Inc	Common Stock	11,929	57,936
	Visa Inc Cl A	Common Stock	32,842	48,670
	Oracle Corporation	Common Stock	19,827	45,326
	Boeing Co	Common Stock	38,918	40,887

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 13)

EIN: 98-0662756 - PN: 002

(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
	Federated Hermes Mdt Sm Cap Gr	Mutual Funds	31,990	40,783
	Alphabet Inc Cl A	Common Stock	19,997	33,506
	Salesforce Inc	Common Stock	20,694	31,761
	Charles Schwab Corp	Common Stock	25,297	30,492
	Alphabet Inc Cl C	Common Stock	16,276	29,518
	Raymond James Financial Inc	Common Stock	21,929	29,357
	Unitedhealth Group Inc	Common Stock	29,316	28,328
	Roche Holding Ltd Sponsored	Common Stock	31,099	27,590
	Autodesk Inc	Common Stock	18,380	26,897
	Disney Walt Co New	Common Stock	27,355	25,833
	Ameriprise Financial Inc	Common Stock	15,185	25,557
	Automatic Data Processing Inc	Common Stock	20,414	25,468
	Elevance Health Inc	Common Stock	31,916	25,085
	Analog Devices Inc	Common Stock	18,688	24,008
	Shopify Inc Cl A	Common Stock	11,628	23,605
	Pepsico Inc	Common Stock	25,364	22,961
	Monster Beverage Corp	Common Stock	18,936	22,180
	Sap Se Sponsored	Common Stock	11,284	21,420
	Everest Group Ltd	Common Stock	22,464	21,023
	Altria Group Inc	Common Stock	18,655	20,916
	The Hershey Company	Common Stock	23,211	20,322
	Microchip Technology Inc	Common Stock	27,656	20,073
	Home Depot Inc	Common Stock	15,658	19,838
	Vertex Pharmaceuticals Inc	Common Stock	12,132	19,732
	Allianz Se Un-sponsored	Common Stock	13,566	19,118

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 14)

EIN: 98-0662756 - PN: 002

(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
	Avery Dennison Corp	Common Stock	19,546	19,087
	Coterra Energy Inc	Common Stock	17,048	18,338
	Alstom Sa Un-sponsored	Common Stock	13,161	16,633
	Dbs Group Hldgs Ltd Sponsored	Common Stock	11,384	16,517
	Infineon Technologies Ag Sponsored	Common Stock	17,992	16,345
	Valero Energy Corp	Common Stock	19,203	16,182
	Manulife Financial Corp	Common Stock	9,868	15,601
	Barclays Plc Sponsored	Common Stock	8,807	15,350
	Abbvie Inc	Common Stock	13,211	15,282
	Booz Allen Hamilton Holding Cl A	Common Stock	12,643	15,187
	Metlife Inc	Common Stock	12,082	15,066
	Ferguson Enterprises Inc	Common Stock	12,531	14,753
	Kering Sa Un-sponsored	Common Stock	20,918	14,655
	Intuitive Surgical Inc	Common Stock	6,494	14,615
	Rolls-Royce Holdings Plc Sponsored	Common Stock	5,603	14,591
	Starbucks Corp	Common Stock	13,582	14,144
	Cubesmart	Common Stock	14,726	14,055
	Marsh & McLennan Cos Inc	Common Stock	12,722	13,807
	Shell Plc	Common Stock	14,052	13,407
	Qualcomm Inc	Common Stock	11,582	13,365
	Chugai Pharmaceutical Co Un-sponsored	Common Stock	9,823	13,248
	Reckitt Benckiser Group Sponsored	Common Stock	14,230	13,126
	Taiwan Semiconductor Manu Co Ltd	Common Stock	6,365	13,034
	Regeneron Pharmaceuticals Inc	Common Stock	9,051	12,822
	Schneider Electric Un-sponsored	Common Stock	9,170	12,708

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 15)

EIN: 98-0662756 - PN: 002

(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
	Haleon Plc Sponsored	Common Stock	11,243	12,402
	Novo Nordisk As	Common Stock	6,835	12,387
	Nasdaq Inc	Common Stock	8,945	12,215
	Faciset Research System Inc	Common Stock	8,408	12,007
	Sony Group Corp Sponsored	Common Stock	10,244	11,955
	Sei Investments Company	Common Stock	8,057	11,877
	Becton Dickinson & Co	Common Stock	12,009	11,797
	Nestle Sa Sponsored	Common Stock	15,491	11,520
	Thermo Fisher Scientific Inc	Common Stock	11,484	11,445
	L'Oreal Co Un-sponsored	Common Stock	13,072	11,054
	Chevron Corp	Common Stock	12,032	11,008
	Astrazeneca Plc Sponsored	Common Stock	11,235	11,007
	Expeditors Intl Wash Inc	Common Stock	9,169	10,634
	Renasas Electronics Corp Un-sponsored	Common Stock	13,028	10,531
	Rockwell Automation Inc	Common Stock	10,331	10,288
	Block Inc Cl A	Common Stock	7,364	10,114
	Banco Bilbao Vizcaya Sponsored	Common Stock	7,340	9,856
	Goldman Sachs Group Inc	Common Stock	5,805	9,735
	Abbott Labs	Common Stock	9,211	9,614
	Akzo Nobel Nv Sponsored	Common Stock	10,969	9,436
	Illumina Inc	Common Stock	15,924	9,354
	Novartis Ag Sponsored	Common Stock	7,660	9,244
	Paypal Holdings Inc	Common Stock	7,570	8,962
	Bp Plc	Common Stock	10,856	8,927
	Canadian Pacific Kansas City Ltd	Common Stock	9,677	8,902

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 16)

EIN: 98-0662756 - PN: 002

(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
	Nike Inc-Class B	Common Stock	8,763	8,778
	Workday Inc-Class A	Common Stock	6,657	8,773
	Enel Spa Un-sponsored	Common Stock	7,024	8,538
	Yum! Brands Inc	Common Stock	6,792	8,452
	L'Air Liquide Sa	Common Stock	7,447	8,450
	Symex Corp	Common Stock	8,547	8,208
	Diageo Plc Sponsored	Common Stock	10,137	8,136
	Gsk Plc Sponsored	Common Stock	8,713	8,117
	Fanuc Corp Un-sponsored	Common Stock	9,803	8,098
	Prudential Plc Sponsored	Common Stock	10,931	7,938
	Koninklijke Philips Nv Sponsored	Common Stock	6,010	7,849
	Compagnie De St Gobain Un-sponsored	Common Stock	7,410	7,773
	Komatsu Ltd Sponsored	Common Stock	7,349	7,513
	Alfa Laval Ab Un-sponsored	Common Stock	6,573	7,392
	Sanofi Sponsored	Common Stock	7,335	7,042
	Unicredit Spa Un-sponsored	Common Stock	2,155	6,913
	Deutsche Telekom Ag Sponsored	Common Stock	4,930	6,836
	Fujitsu Ltd	Common Stock	5,929	6,725
	Dassault Sys S A Sponsored	Common Stock	8,505	6,716
	Linde Plc	Common Stock	5,932	6,699
	Anheuser Busch Inbev Sponsored	Common Stock	7,408	6,659
	Alcon Inc	Common Stock	5,844	6,621
	Aia Group Ltd	Common Stock	8,731	6,600
	Rio Tinto Plc Sponsored	Common Stock	6,815	6,469
	Alibaba Group Holding Ltd	Common Stock	7,294	6,444

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 17)

EIN: 98-0662756 - PN: 002

(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
	Bhp Group Ltd	Common Stock	8,091	6,348
	Merck & Co Inc	Common Stock	6,080	6,068
	Atlas Copco Ab Sponsored	Common Stock	4,697	5,840
	Nintendo Ltd Un-sponsored	Common Stock	5,214	5,676
	Tencent Hldgs Ltd Un-sponsored	Common Stock	4,387	5,584
	Disco Corp	Common Stock	6,061	5,581
	Adyen Nv	Common Stock	4,889	5,322
	Daifuku Co Ltd Un-sponsored	Common Stock	5,293	5,320
	Shionogi & Co Ltd Un-sponsored	Common Stock	6,179	5,157
	Sonova Holding Ag Un-sponsored	Common Stock	4,257	5,138
	Symrise Ag Un-sponsored	Common Stock	5,886	5,097
	Arcelormittal Sa Sponsored	Common Stock	5,047	5,089
	Deere & Co	Common Stock	4,019	5,084
	Assa Abloy Un-sponsored	Common Stock	4,397	4,878
	Standard Chartered Un-sponsored	Common Stock	3,769	4,865
	British Amern Tob Plc Sponsored	Common Stock	4,277	4,794
	Hdfc Bank Ltd Sponsored	Common Stock	5,259	4,790
	Axa Sponsored	Common Stock	3,685	4,768
	Aflac Inc	Common Stock	3,983	4,758
	Ing Groep Nv Sponsored	Common Stock	4,304	4,732
	Smc Corporation Sponsored	Common Stock	5,330	4,690
	Epiroc Aktiebolag Un-sponsored	Common Stock	5,421	4,496
	Bnp Paribas Sponsored	Common Stock	4,425	4,482
	United Overseas Bank-Sponsored	Common Stock	3,640	4,427
	Heineken Nv Spons Adr	Common Stock	5,335	4,423

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 18)

EIN: 98-0662756 - PN: 002

(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
	Coloplast A/S Sponsored	Common Stock	4,884	4,355
	Relx Plc Sponsored	Common Stock	2,648	4,133
	Technonic Inds Ltd Sponsored	Common Stock	4,430	4,002
	Danone Sponsored	Common Stock	3,253	3,883
	Canadian National Railway Co	Common Stock	4,550	3,857
	Legal & Gen Group Plc Sponsored	Common Stock	3,675	3,651
	Kingfisher Plc Sponsored	Common Stock	3,687	3,642
	Unicharm Corporation Sponsored	Common Stock	5,147	3,637
	Julius Baer Group Ltd Un-sponsored	Common Stock	3,200	3,606
	Accenture Plc Cl A	Common Stock	3,372	3,518
	Murata Manufacturing Co Ltd	Common Stock	4,182	3,508
	Genmab A/S Sponsored	Common Stock	6,278	3,506
	Yum China Holdings Inc	Common Stock	3,838	3,468
	Check Point Software Tech Ltd	Common Stock	3,260	3,361
	Novonisis (Novozymes) B Un-sponsored	Common Stock	3,699	3,223
	Carrefour Sa Sponsored	Common Stock	4,405	3,194
	Shimano Inc Un-sponsored Adr	Common Stock	3,439	2,877
	Berkeley Group Hldgs Plc	Common Stock	3,430	2,572
	Compass Group Plc Sponsored	Common Stock	1,781	2,452
	Sodexo Sa Sponsored	Common Stock	2,529	2,403
	Haier Smart Home Co Ltd Un-sponsored	Common Stock	2,251	2,380
	Amadeus It Group Sa	Common Stock	1,805	2,257
	Smurfit Westrock Plc	Common Stock	1,706	2,047
	Heidelberg Materials Ag	Common Stock	2,049	1,969
	Rwe Aktiengesellschaft Sponsored	Common Stock	2,275	1,915

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 19)

EIN: 98-0662756 - PN: 002

(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
	Shinhan Financial Group Sponsored	Common Stock	2,277	1,776
	Societe Generale Sponsored	Common Stock	1,731	1,746
	Smith & Nephew Plc Sponsored	Common Stock	1,940	1,647
	Natwest Group Plc	Common Stock	826	1,607
	Barrick Gold Corp	Common Stock	1,945	1,488
	Takeda Pharmaceutical Sponsored	Common Stock	1,626	1,470
	Dr Ing Hc F Porshe Ag Un-sponsored	Common Stock	1,513	1,385
	Johnson & Johnson	Common Stock	1,350	1,302
	Li Ning Co Ltd	Common Stock	1,107	1,192
	Banco Bradesco Sponsored	Common Stock	1,461	1,039
	Lukoil Pjsc	Common Stock	12,728	273
			<u>\$ 10,788,909</u>	<u>\$ 11,489,253</u>

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

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

EIN: 98-0662756 - PN: 002

(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)
* Truist Bank	BlackRock Liquidity Funds FedFund Institutional Shares	\$ 1,182,830				\$ 1,182,830	\$ 1,182,830	
* Truist Bank	BlackRock Liquidity Funds FedFund Institutional Shares		\$ 1,297,447			\$ 1,297,447	\$ 1,297,447	\$ -

* Party in interest to the Plan.

See independent auditors' report.

Statement of Actuarial Assumptions/Methods

Liability Discount Rates

Funding: 24-month segment rates, averaged through the end of August and published in September.

	Before Funding Relief	Reflecting Funding Relief
1. First rate, years 1-5	3.62%	4.75%
2. Second rate, years 6-20	4.46%	4.87%
3. Third rate, years 21+	4.52%	5.59%
4. Effective Interest Rate using the above rates	4.42%	5.07%

PBGC: Three-tiered segment rates, based on the sponsor's election as of January 1, 2010 to use the alternative method.

1. First rate, years 1-5	3.62%
2. Second rate, years 6-20	4.46%
3. Third rate, years 21+	4.52%
4. Effective Interest Rate using the above rates	4.42%

ASC 715-30: A single rate of 4.99%, based on an analysis of the plan's estimated future cash flows using the FTSE Pension Discount Curve – Above Median.

ASC 960-20: A single rate of 6.25%, based on the expected long-term rate of return on plan assets.

Low-Default-
Risk
Assessment: Funding interest rates (before funding relief) shown above.

Long-Term Rate of Return on Plan Assets

Funding: N/A

ASC 715-30: 6.25%

ASC 960-20: 6.25%

Annual Increases to Maximum Benefits and Plan Compensation Limits

Funding: 0.00%

ASC 715-30: 3.50% - Maximum Benefit, N/A Plan Compensation

ASC 960-20: N/A

Annual Increases to Social Security

	<u>Taxable Wage Base</u>	<u>Cost of Living Index</u>	<u>Average Earnings</u>
Funding:	3.50%	3.50%	N/A
ASC 715-30:	3.50%	3.50%	N/A
ASC 960-20:	N/A	N/A	N/A

Employees Valued

Only participants as of the valuation date as reported by the plan sponsor were valued.

Salary Scale

None assumed, due to the plan freeze as of July 1, 2013.

Assumptions Regarding Future Service Accruals

None.

Mortality Rates

Funding: Pri-2012 Mortality Table as described under Regulation §1.430(h)(3)-1 (static, not generational) projected by modified Scale MP-2021, sex-distinct, with the same blended rates pre- and post-commencement.

ASC 715-30: Pri-2012 Amount-Weighted Mortality Table (generational, not static) projected by Scale MP-2021, sex-distinct, with separate rates pre- and post-commencement.

ASC 960-20: Pri-2012 Amount-Weighted Mortality Table (generational, not static) projected by Scale MP-2021, sex-distinct, with separate rates pre- and post-commencement.

Retirement Rates

Assumes graded retirement as follows:

Age	Hourly	Salaried
<55	0%	0%
55	5%	15%
56-58	3%	10%
59-61	10%	15%
62	25%	30%
63-64	10%	10%
65-66	50%	50%
>= 67	100%	100%

Termination Rates

Sample Rates:

Age	Male	Female
20	17.20%	17.20%
25	13.20%	13.20%
30	10.40%	10.40%
35	4.05%	4.05%
40	3.15%	3.15%
45	2.60%	2.60%
50	1.95%	1.95%
55	0.00%	0.00%

Disability Rates

Sample Rates:

Age	Hourly Disability		Salaried Disability	
	Male	Female	Male	Female
20	0.064%	0.055%	0.029%	0.030%
25	0.093%	0.096%	0.038%	0.047%
30	0.134%	0.165%	0.048%	0.080%
35	0.199%	0.252%	0.069%	0.136%
40	0.314%	0.357%	0.117%	0.211%
45	0.505%	0.522%	0.202%	0.323%
50	0.830%	0.854%	0.358%	0.533%
55	1.502%	1.490%	0.722%	0.952%
60	2.266%	1.793%	1.256%	1.159%
65	3.028%	2.095%	1.753%	1.358%
70	0.000%	0.000%	0.000%	0.000%

Assumptions Made in Valuing Spousal Benefits

80% of male participants and 50% of female participants are assumed to be married. Female spouses are assumed to be three years younger than male spouses.

Assumptions Made Regarding Death Benefits

Commencement of all pre-retirement death benefits has been assumed to be deferred to the participant's early retirement date for active participants.

Assumptions Made Regarding Payment Form

All participants are assumed to receive a straight life annuity which is actuarially equivalent to all other payment forms.

Provisions Not Valued

The post-termination death benefit for active participants, as well as the death benefit for terminated vested participants, have not been valued. Also, post-termination, pre-retirement spousal death benefits are not valued. Due to the small liability added by these benefits, they have been deemed to be immaterial for valuation purposes.

Provision for Expenses

The administrative expenses expected to be paid from plan assets have been included in the Target Normal Cost for minimum contribution purposes. Expected expenses for the current plan year are assumed to be equal to the actual expenses for the previous plan year plus expected PBGC premiums, rounded to the nearest \$500.

Actuarial Cost Method

Funding: The actuarial cost method prescribed by applicable regulations is the Unit Credit cost method. Under this cost method, a liability is calculated for each participant as of the valuation date equal to the present value of the accrued benefit as of the valuation date. The liabilities are referred to as the Funding Target. The present value of benefits earned during the plan year following the valuation date is calculated for each active participant who has not reached normal retirement age and is expected to earn a benefit during the year. This present value is the individual participant's Target Normal Cost. The plan's total annual Funding Target and Target Normal Cost are the sums of the amounts for individual participants. Estimated plan administrative expenses expected to be paid from plan assets in the upcoming year are also included as part of the Target Normal Cost.

ASC 715-30: The actuarial cost method prescribed by ASC 715 is the Projected Unit Credit cost method. Under this cost method, a liability is calculated for each active participant as of the valuation date equal to the present value of the accrued benefit as of the valuation date, but reflecting a projection of future increases in compensation until the assumed retirement date. For inactive participants, such as separated participants with deferred vested benefits and retirees, a liability is calculated for each such participant as of the valuation date equal to the present value of the accrued benefit, reflecting no future increases in pay. The liabilities are referred to as the Projected Benefit Obligation, or PBO. The present value of benefits earned during the plan year following the valuation date is calculated for each active participant who has not reached normal retirement age and is expected to earn a benefit during the year. This present value is the individual participant's Service Cost. The plan's total annual PBO and Service Cost are the sums of the amounts for individual participants.

ASC 960-20: The actuarial cost method prescribed by ASC 960 is the Unit Credit cost method. Under this cost method, a liability is calculated for each participant as of the valuation date equal to the present value of the accrued benefit as of the valuation date. The liabilities are referred to as the Present Value of Accumulated Plan Benefits, or PVAB. The plan's total annual PVAB is the sum of the amounts for individual participants.

Low-Default-Risk The actuarial cost method prescribed by applicable regulations is the Unit Credit cost method.

Assessment:

Attribution of Accrued Benefits: The accrual of benefits outlined in the plan document has been reflected in the attribution of benefits under the actuarial cost methods for funding and accounting purposes above.

Asset Method

Funding: Market value of all trust investments plus any discounted receivable contributions as of the valuation date.

ASC 715-30: Market value of all trust investments is used.

ASC 960-20: Market value of all trust investments plus any receivable contributions for the prior plan year.

At-Risk Assumptions

Since the prior year's Funding Target Attainment Percentage is greater than 70%, at-risk liabilities have not been valued.

ASC 715-30 Measurement Date

The last day of the fiscal year, December 31.

Fiscal Year

The 12-month period ending each December 31.

Rationale for the Selection of Assumptions

Assumptions that in our judgement have a significant effect on the measurements contained in this report are categorized below, along with information and analyses that support the determination that the assumption is reasonable.

Assumptions Selected by the Actuary

Decrement rates other than mortality and retirement: These assumptions are chosen to be reasonably reflective of expected future rates of termination and disability for the group. While a formal study has not been undertaken, we monitor gains and losses annually to ensure that the assumptions are reasonable.

Retirement decrement rates: This assumption has been based on observed data for this plan, and we monitor gains and losses annually to ensure the assumption is reasonable.

Expected return on plan assets: This rate is selected based on the outlook for returns within the main classes of investments (those being debt, equity, and cash), considering past experience as well as current market expectations over an appropriate timeframe. We confer with the plan's asset advisors, when possible, to gather input for the assumption and their opinion as to its reasonableness.

Discount rate: For purposes of measuring the low-default-risk obligation, this assumption is set to reflect the return on low-default-risk securities and to reflect the incidence of future cash flows from the plan, appropriately.

Assumptions Selected by Other Parties (other than prescribed assumptions or methods set by law)

Discount rate, assumed return on assets, and mortality: With respect to the ASC-715 valuation within this report, these primary assumptions are selected by the employer. However, we make recommendations to the employer using the methods and parameters required by the accounting standard and common practices within the audit profession. As a result of the employer following our recommendations, these assumptions do not conflict with our judgement and are reasonable for the purposes of the measurement.

Assumptions Selected by Other Parties (which are prescribed or set by law)

For assumptions prescribed or set by law, we offer no opinion or analysis on the reasonableness of the assumptions.

Changes in Assumptions since the Last Actuarial Valuation

Funding: The three-tiered segment interest rates used to determine the Funding Target Liability last year were 4.75%, 5.00%, and 5.74%. These rates were updated to the rates required for the current plan year and also reflect all applicable funding relief legislation. The mortality tables for the Funding Target Liability were updated as required under Regulation §1.430(h)(3)-1.

ASC 715-30: The discount rate was decreased from 5.21% to 4.99%, the mortality table was updated to the most-recent available table (Pri-2012, as detailed above). All other methods and assumptions are the same as those used in the preparation of the 2023 fiscal year expense information.

ASC 960-20: The mortality table was updated to the most-recent available table (Pri-2012, as detailed above).

All Purposes: The expected rate of return on plan assets was changed from 7.00% to 6.25% to better reflect prevailing market expectations.

Justification for Changes in Funding Actuarial Assumptions

For funding calculation purposes, assumption changes, other than those prescribed by law, did not result in a decrease in the plan's funding shortfall (if any) by more than \$5,000,000 or more than 5% of the pre-change funding target, therefore, the plan did not need IRS approval to change assumptions.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

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

EIN: 98-0662756 - PN: 002

(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)
* Truist Bank	BlackRock Liquidity Funds FedFund Institutional Shares	\$ 1,182,830				\$ 1,182,830	\$ 1,182,830	
* Truist Bank	BlackRock Liquidity Funds FedFund Institutional Shares		\$ 1,297,447			\$ 1,297,447	\$ 1,297,447	-

* Party in interest to the Plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IGM RESINS USA INC.	D Employer Identification Number (EIN) 98-0662756	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information				
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:				
a Market value		2a		11,381,305
b Actuarial value		2b		11,381,305
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	81	9,018,746		9,018,746
b For terminated vested participants	28	1,670,442		1,670,442
c For active participants	3	164,588		164,588
d Total	112	10,853,776		10,853,776
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		5.07%
6 Target normal cost				
a Present value of current plan year accruals		6a		0
b Expected plan-related expenses		6b		33,000
c Target normal cost		6c		33,000

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

SIGN HERE	Daniel C. Berry	10/08/2025
	Signature of actuary	Date
	DANIEL C. BERRY, FSA, MAAA, EA	2305980
	Type or print name of actuary	Most recent enrollment number
	McGriff, a Marsh & McLennan Company	336-291-1143
	Firm name	Telephone number (including area code)
	3318 West Friendly Avenue, Suite 400	
	GREENSBORO NC 27410	
	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	179,926
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	179,926
10	Interest on line 9 using prior year's actual return of <u>17.09%</u>	0	30,749
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		62
	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>5.20%</u>		3
	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		65
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	210,675

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.91%
15	Adjusted funding target attainment percentage	15	104.86%
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	88.05%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		21b	4
22 Weighted average retirement age		22	62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input 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	33,000
b Excess assets, if applicable, but not greater than line 31a		31b	33,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	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 type="checkbox"/> 2021			

Description of Weighted Average Retirement Age

The weighted average retirement age for the Plan is 62, calculated as follows:

(a)	(b)	(c)	(d)	(e)	(f)
Age	Hourly Retirement Rate	Fraction of Those Eligible for Retirement Remaining at Beginning of Year	Fraction of Those Eligible for Retirement Retiring at Age	Fraction of Those Eligible for Retirement Remaining at End of Year	(a) * (d)
<55	0.000	0	0	0	0
55	0.050	1.0000	0.0500	0.9500	2.7500
56	0.030	0.9500	0.0285	0.9215	1.5960
57	0.030	0.9215	0.0276	0.8939	1.5758
58	0.030	0.8939	0.0268	0.8670	1.5553
59	0.100	0.8670	0.0867	0.7803	5.1155
60	0.100	0.7803	0.0780	0.7023	4.6820
61	0.100	0.7023	0.0702	0.6321	4.2840
62	0.250	0.6321	0.1580	0.4741	9.7971
63	0.100	0.4741	0.0474	0.4266	2.9865
64	0.100	0.4266	0.0427	0.3840	2.7305
65	0.500	0.3840	0.1920	0.1920	12.4795
66	0.500	0.1920	0.0960	0.0960	6.3357
67	1.000	0.0960	0.0960	0.0000	6.4317

Hourly Weighted Average Retirement Age: 62.3198

Age	Salaried Retirement Rate	Fraction of Those Eligible for Retirement Remaining at Beginning of Year	Fraction of Those Eligible for Retirement Retiring at Age	Fraction of Those Eligible for Retirement Remaining at End of Year	(a) * (d)
<55	0.000	0	0	0	0
55	0.150	1.0000	0.1500	0.8500	8.2500
56	0.100	0.8500	0.0850	0.7650	4.7600
57	0.100	0.7650	0.0765	0.6885	4.3605
58	0.100	0.6885	0.0689	0.6197	3.9933
59	0.150	0.6197	0.0929	0.5267	5.4839
60	0.150	0.5267	0.0790	0.4477	4.7403
61	0.150	0.4477	0.0672	0.3805	4.0964
62	0.300	0.3805	0.1142	0.2664	7.0781
63	0.100	0.2664	0.0266	0.2397	1.6782
64	0.100	0.2397	0.0240	0.2158	1.5343
65	0.500	0.2158	0.1079	0.1079	7.0124
66	0.500	0.1079	0.0539	0.0539	3.5602
67	1.000	0.0539	0.0539	0.0000	3.6141

Salaried Weighted Average Retirement Age: 60.1618

Hourly Active Participants: 3
 Salaried Active Participants: 0
Weighted Average Retirement Age: 62.00

Summary of Plan Provisions

Plan Sponsor

IGM Resins USA, Inc.

EIN/PN

98-0662756 / 002

Effective Date

September 1, 2010. Last amended on July 31, 2014.

Plan Year

The 12-consecutive month period beginning each January 1.

Participation

An employee becomes a participant in the plan on the first day he or she is employed

No employee hired on or after July 11, 2011 is eligible to participate in the Plan.

Compensation

The total Compensation received by the Participant for the prior Plan Year that is paid by the Company which is subject to federal income tax withholding. Excluded are amounts for severance pay, payments for accrued but unused vacation and sick leave, payments contingent on a change in control of the Company, long-term incentive payments, payments under a non-qualified deferred compensation plan, and payments under special incentive or booster plans. Compensation is determined prior to any reduction for amounts contributed on a pre-tax basis to the IGM Resins USA, Inc. 401(k) Profit Sharing Plan and Trust, and the IGM Resins Charlotte, Inc. Flexible Benefits Plan.

Period of Service

The sum of (i) the Employee's service recognized under the Cognis Corporation Retirement Plan as of August 31, 2010, and (ii) the measure of an Employee's employment with IGM Resins, and affiliates, which is equal to the period commencing on the later of September 1, 2010, or the Employee's Employment Commencement Date, and ending on the date the Employee severs employment with IGM Resins, or its affiliates.

Benefit Service

All Periods of Service, computed in years and days from date of hire.

Benefit Service was frozen effective July 1, 2013.

Accrued Benefit

The monthly amount of annual retirement benefit payable as a life annuity is equal to the sum of (i) Cognis Past Service Benefit, (ii) Cognis Future Service Benefit, and (iii) IGM Service Benefit where:

- The Cognis Past Service Benefit is the Accrued Benefit as of December 31, 2003, determined under the terms of the Cognis Corporation Retirement Plan as in effect on such date taking into account, as provided there under, all grandfathered minimum benefits and all offset amounts determined as of such date;
- The Cognis Future Service Benefit is, except as otherwise provided below, the sum of 1% of the Participant's Compensation for each year or part thereof recognized under the Cognis Corporation Retirement Plan beginning on and after January 1, 2004 but prior to September 1, 2010, divided by 12 (except divided by eight for the partial year ending August 31, 2010); and
- The IGM Service Benefit is the sum of 1% of the Participant's Compensation for each Plan Year beginning on and after September 1, 2010 to December 31, 2013, divided by 12 (except divided by four for the initial Plan Year ending on December 31, 2010 and divided by 6 for the Plan year ending December 31, 2013).

Notwithstanding the above, the sum of the Cognis Future Service Benefit and the IGM Service Benefit of a Participant whose age plus service under the Cognis Corporation Retirement Plan as of January 1, 2004 equaled or exceeded 80 shall be the sum, divided by 12, of (i) the sum of 1.5% of such Participant's Compensation for each of the first seven (7) Plan Years beginning on and after December 31, 2003 under the Cognis Corporation Retirement Plan and (ii) the sum of 1.5% of such Participant's Compensation for each of the four (4) Plan Years beginning after August 31, 2010 and (iii) the sum of 1% of such Participant's Compensation for each Plan Year thereafter. The sum of the Cognis Future Service Benefit and the IGM Service Benefit of a Participant whose age plus service under the Cognis Corporation Retirement Plan as of January 1, 2004 equaled or exceeded 75 but is less than 80 shall be the sum, divided by 12, of (iv) the sum of 1.25% of such Participant's Compensation for each of the first seven (7) Plan Years beginning on and after December 31, 2003 under the Cognis Corporation Retirement Plan and (v) the sum of 1.25% of such Participant's Compensation for each of the four (4) Plan Years beginning after August 31, 2010 and (vi) the sum of 1% of such Participant's Compensation for each Plan Year thereafter.

Accrued Benefits were frozen as of July 1, 2013.

Normal Retirement Benefit

Eligibility

First of the month immediately following attainment of Normal Retirement Age. A Participant attains Normal Retirement Age on the last day of the calendar month in which he or she attains age 65.

Monthly Benefit

The Accrued Benefit calculated at the normal retirement date.

Delayed Retirement Benefit

Eligibility

Eligibility is the first of the month on or next following the actual date the Participant terminates employment after his or her Normal Retirement Age.

Monthly Benefit

The benefit shall be the monthly amount of the Participant's Normal Retirement pension determined as of his or her Termination of Employment. A Participant's Normal Retirement pension shall be actuarially adjusted to the extent required under Code §401(a)(9) to reflect commencement after age 70½.

Early Retirement Benefit

Eligibility

A Participant attains his or her Earliest Retirement Age on the last day of the calendar month in which he or she has attained both age 55 and completed a Period of Service of at least 5 years.

Monthly Benefit

A Participant who is employed by IGM Resins, or an affiliate, at his or her earliest retirement age, may commence their benefit upon termination of employment, subject to the following reductions to their accrued benefit for early commencement:

1. The Participant's Cognis Past Service Benefit is reduced by one-sixth of one percent (1/6%) for each of the first 36 months and one-third of one percent (1/3%) for each additional month by which the commencement of payments of the Early Retirement Pension precedes the last day of the calendar month in which the Participant would attain age 62 years.
2. The Participant's Cognis Future Service Benefit and IGM Service Benefit are reduced by one-half of one percent (1/2%) for each month by which the commencement of payments of the Early Retirement Pension precedes the last day of the calendar month in which the Participant would attain age 65.

Notwithstanding the foregoing, a Participant whose age plus service equals or exceeds 70 as of January 1, 2004, shall have his Early Retirement Pension determined by reducing his entire Accrued Benefit in accordance with (1) above.

Disability Benefit

Eligibility

Becoming disabled while employed, after having met the requirements to become a participant in the plan, prior to the attainment of early retirement age, and having qualified to receive disability benefits from the company's insured disability income plan. Disability is defined as a medically determinable physical or mental impairment which renders the Participant incapable of performing any substantial gainful employment that is expected to be of continued and indefinite duration, or result in death.

Monthly Benefit

If a Participant is eligible to receive benefits from IGM Resins' disability income plan or workers' compensation, the payment of retirement income under this Plan shall be deferred until the earlier of the date such benefits cease or the Participant's normal retirement age. If the Participant commences benefits from IGM Resins' disability income plan, he or she shall be deemed to continue in Recognized Employment while disabled until he or she recovers, dies, applies for pension under the Plan, or reaches his or her normal retirement age. Service for benefit accrual purposes, and Compensation for the purpose of computing any benefit, continues to accrue during a Participant's disability, up until July 1, 2013. Vesting service continues to accrue during the whole period of disability.

Termination Benefit

Eligibility

Termination of employment prior to retirement and having completed a Period of Service of at least 5 years.

Monthly Benefit

The vested Accrued Benefit commences in full at age 65, or if the participant has at least 5 years of Service, in a reduced amount at any time after attainment of age 55 as follows:

1. The Participant's Cognis Past Service Benefit is reduced by one-half of one percent (1/2%) for each of the first 60 months and one-third of one percent (1/3%) for each additional month by which the commencement of payments of the Early Retirement Pension precedes the last day of the calendar month in which the Participant would attain age 65.
2. The Participant's Cognis Future Service Benefit and IGM Service Benefit are reduced in the same manner as for an active Participant commencing their Early Retirement Pension, as described above.

Pre-Retirement Death Benefit

Eligibility

The deceased participant must have attained a vested right to a benefit from the plan prior to their date of death, and be married to their spouse throughout the one year preceding the date of death.

Monthly Benefit for Participants who Die Prior to their Earliest Retirement Date

The monthly benefit payable to the participant's surviving beneficiary is a lifetime annuity commencing at the earliest date that the participant would have been eligible to retire. The benefit is equal to the benefit that would be paid to the beneficiary, calculated as if the participant separated from service on the date of death, survived to the earliest retirement age under the plan, retired electing a 50% joint & survivor annuity, and died the next day. In lieu of monthly payments, the beneficiary may elect to receive their benefit in the form of a lump sum payment if the present value of the benefit does not exceed \$1,000.

Monthly Benefit for Participants who Die After their Earliest Retirement Date

The monthly benefit payable to the participant's surviving beneficiary is a lifetime annuity commencing on the first of the month after the participant's death. The benefit is equal to the benefit that would be paid to the beneficiary, calculated as if the participant retired on the day before his or her death, elected a 50% joint and survivor annuity, and died the next day. In lieu of monthly payments, the beneficiary may elect to receive their benefit in the form of a lump sum payment if the present value of the benefit does not exceed \$1,000.

Normal Form of Benefit

Life Annuity – A monthly benefit payable for the life of the participant. No payments are made after the participant dies.

Unless the participant and the spouse elect otherwise, a married participant will receive a 50% joint & survivor annuity, actuarially equivalent to the Normal Form of Benefit.

Optional Forms

Life annuity – This form provides monthly payments during the participant’s lifetime.

120-month certain and life annuity – This form provides reduced monthly payments during the participant’s lifetime with a guaranteed minimum of 120 payments. If the participant dies prior to receiving 120 payments, the designated beneficiary will receive the remainder of the guaranteed 120 payments. The payments are actuarially equivalent to the Normal Form of Benefit.

50%, 75%, or 100% joint & survivor annuity – These forms provide reduced monthly payments during the participant’s lifetime with monthly payments to the surviving beneficiary after the participant’s death equal to 50%, 75%, or 100%, respectively, of the amount paid during the participant’s lifetime. The payments are actuarially equivalent to the Normal Form of Benefit.

Annuity forms of payment are converted from the life annuity form using the RP-2000 Mortality Table for Healthy Annuitants Projected to 2012, assuming male factors for pensioners and female factors for beneficiaries, and 6.00% interest. Lump sum forms of payment are converted from the normal form using the Commissioner’s Standard Mortality Table as outlined under IRS Code Section 417(e) and the three-tiered segment interest rates (as outlined under IRS Code Section 417(e)) for the month of November in the calendar year preceding the year of determination.

Benefits Available as a Lump Sum

This plan pays only relatively small benefit amounts with a present value less than or equal to \$1,000 in the form of a lump sum payment.

Maximum Benefit Limit

Plan benefits are limited to the Internal Revenue Code Section 415 maximum benefit amount.

Maximum Compensation Limit

Compensation is limited to the IRS Code Section 401(a)(17) maximum compensation amount that can be recognized for benefit calculation purposes.

Changes in Plan Provisions since the Last Actuarial Valuation

None.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED ON PAGE 14)

EIN: 98-0662756 - PN: 002

(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
	Sterling Capital Total Return Bond Fund	Mutual Funds	\$ 1,676,618	\$ 1,559,234
	Vanguard S&P 500 Etf	Exchange Traded Funds	1,026,337	1,525,910
	Guggenheim- Total Return Bond Fd Cl Instl	Mutual Funds	1,291,703	1,186,465
	Pgim Total Return Bond Fd Cl R6	Mutual Funds	1,210,910	1,116,538
	Hartford Total Return Bond Fund Etf	Exchange Traded Funds	1,035,706	965,470
	Neuberger Berman Strategic Income Fd Cl R6	Mutual Funds	569,163	544,401
	Touchstone Mid Cap Value Fd Cl Instl	Mutual Funds	538,058	532,859
	Touchstone Mid Cap Growth Fd Cl R6	Mutual Funds	269,414	342,574
	Ishares Core Msci Emerging Markets Etf	Exchange Traded Funds	243,457	246,270
	Ishares Core Msci International Developed Markets Etf	Exchange Traded Funds	182,883	233,188
	Hotchkis & Wiley Small Cap Diversified Value Fund	Mutual Funds	207,875	213,937
	Alispring Special International Small Cap Fund	Mutual Funds	177,364	197,454
	Victory Sophus Emerging Markets Fd Cl R6	Mutual Funds	174,599	152,064
	Blackrock Liquidity Fds Fedfund Mmkt Instl #81	Interest-Bearing Cash	150,483	150,483
	Vanguard Short-Term Government Bond Etf	Exchange Traded Funds	142,256	141,901
	Pimco Real Return Fd Cl Instl	Mutual Funds	113,864	112,298
	Tesla Inc	Common Stock	44,102	101,768
	Nvidia Corp	Common Stock	12,673	88,497
	Meta Platforms Inc Cl A	Common Stock	15,968	73,189
	Microsoft Corp	Common Stock	40,912	67,019
	Amazon.Com Inc	Common Stock	40,969	61,868
	Netflix Inc	Common Stock	11,929	57,936
	Visa Inc Cl A	Common Stock	32,842	48,670
	Oracle Corporation	Common Stock	19,827	45,326
	Boeing Co	Common Stock	38,918	40,887

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 13)

EIN: 98-0662756 - PN: 002

(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
	Federated Hermes Mdt Sm Cap Gr	Mutual Funds	31,990	40,783
	Alphabet Inc Cl A	Common Stock	19,997	33,506
	Salesforce Inc	Common Stock	20,694	31,761
	Charles Schwab Corp	Common Stock	25,297	30,492
	Alphabet Inc Cl C	Common Stock	16,276	29,518
	Raymond James Financial Inc	Common Stock	21,929	29,357
	Unitedhealth Group Inc	Common Stock	29,316	28,328
	Roche Holding Ltd Sponsored	Common Stock	31,099	27,590
	Autodesk Inc	Common Stock	18,380	26,897
	Disney Walt Co New	Common Stock	27,355	25,833
	Ameriprise Financial Inc	Common Stock	15,185	25,557
	Automatic Data Processing Inc	Common Stock	20,414	25,468
	Elevance Health Inc	Common Stock	31,916	25,085
	Analog Devices Inc	Common Stock	18,688	24,008
	Shopify Inc Cl A	Common Stock	11,628	23,605
	Pepsico Inc	Common Stock	25,364	22,961
	Monster Beverage Corp	Common Stock	18,936	22,180
	Sap Se Sponsored	Common Stock	11,284	21,420
	Everest Group Ltd	Common Stock	22,464	21,023
	Altria Group Inc	Common Stock	18,655	20,916
	The Hershey Company	Common Stock	23,211	20,322
	Microchip Technology Inc	Common Stock	27,656	20,073
	Home Depot Inc	Common Stock	15,658	19,838
	Vertex Pharmaceuticals Inc	Common Stock	12,132	19,732
	Allianz Se Un-sponsored	Common Stock	13,566	19,118

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 14)

EIN: 98-0662756 - PN: 002

(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
	Avery Dennison Corp	Common Stock	19,546	19,087
	Coterra Energy Inc	Common Stock	17,048	18,338
	Alstom Sa Un-sponsored	Common Stock	13,161	16,633
	Dbs Group Hldgs Ltd Sponsored	Common Stock	11,384	16,517
	Infineon Technologies Ag Sponsored	Common Stock	17,992	16,345
	Valero Energy Corp	Common Stock	19,203	16,182
	Manulife Financial Corp	Common Stock	9,868	15,601
	Barclays Plc Sponsored	Common Stock	8,807	15,350
	Abbvie Inc	Common Stock	13,211	15,282
	Booz Allen Hamilton Holding Cl A	Common Stock	12,643	15,187
	Metlife Inc	Common Stock	12,082	15,066
	Ferguson Enterprises Inc	Common Stock	12,531	14,753
	Kering Sa Un-sponsored	Common Stock	20,918	14,655
	Intuitive Surgical Inc	Common Stock	6,494	14,615
	Rolls-Royce Holdings Plc Sponsored	Common Stock	5,603	14,591
	Starbucks Corp	Common Stock	13,582	14,144
	Cubesmart	Common Stock	14,726	14,055
	Marsh & McLennan Cos Inc	Common Stock	12,722	13,807
	Shell Plc	Common Stock	14,052	13,407
	Qualcomm Inc	Common Stock	11,582	13,365
	Chugai Pharmaceutical Co Un-sponsored	Common Stock	9,823	13,248
	Reckitt Benckiser Group Sponsored	Common Stock	14,230	13,126
	Taiwan Semiconductor Manu Co Ltd	Common Stock	6,365	13,034
	Regeneron Pharmaceuticals Inc	Common Stock	9,051	12,822
	Schneider Electric Un-sponsored	Common Stock	9,170	12,708

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 15)

EIN: 98-0662756 - PN: 002

(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
	Haleon Plc Sponsored	Common Stock	11,243	12,402
	Novo Nordisk As	Common Stock	6,835	12,387
	Nasdaq Inc	Common Stock	8,945	12,215
	Faciset Research System Inc	Common Stock	8,408	12,007
	Sony Group Corp Sponsored	Common Stock	10,244	11,955
	Sei Investments Company	Common Stock	8,057	11,877
	Becton Dickinson & Co	Common Stock	12,009	11,797
	Nestle Sa Sponsored	Common Stock	15,491	11,520
	Thermo Fisher Scientific Inc	Common Stock	11,484	11,445
	L'Oreal Co Un-sponsored	Common Stock	13,072	11,054
	Chevron Corp	Common Stock	12,032	11,008
	Astrazeneca Plc Sponsored	Common Stock	11,235	11,007
	Expeditors Intl Wash Inc	Common Stock	9,169	10,634
	Renasas Electronics Corp Un-sponsored	Common Stock	13,028	10,531
	Rockwell Automation Inc	Common Stock	10,331	10,288
	Block Inc Cl A	Common Stock	7,364	10,114
	Banco Bilbao Vizcaya Sponsored	Common Stock	7,340	9,856
	Goldman Sachs Group Inc	Common Stock	5,805	9,735
	Abbott Labs	Common Stock	9,211	9,614
	Akzo Nobel Nv Sponsored	Common Stock	10,969	9,436
	Illumina Inc	Common Stock	15,924	9,354
	Novartis Ag Sponsored	Common Stock	7,660	9,244
	Paypal Holdings Inc	Common Stock	7,570	8,962
	Bp Plc	Common Stock	10,856	8,927
	Canadian Pacific Kansas City Ltd	Common Stock	9,677	8,902

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 16)

EIN: 98-0662756 - PN: 002

(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
	Nike Inc-Class B	Common Stock	8,763	8,778
	Workday Inc-Class A	Common Stock	6,657	8,773
	Enel Spa Un-sponsored	Common Stock	7,024	8,538
	Yum! Brands Inc	Common Stock	6,792	8,452
	L'Air Liquide Sa	Common Stock	7,447	8,450
	Symex Corp	Common Stock	8,547	8,208
	Diageo Plc Sponsored	Common Stock	10,137	8,136
	Gsk Plc Sponsored	Common Stock	8,713	8,117
	Fanuc Corp Un-sponsored	Common Stock	9,803	8,098
	Prudential Plc Sponsored	Common Stock	10,931	7,938
	Koninklijke Philips Nv Sponsored	Common Stock	6,010	7,849
	Compagnie De St Gobain Un-sponsored	Common Stock	7,410	7,773
	Komatsu Ltd Sponsored	Common Stock	7,349	7,513
	Alfa Laval Ab Un-sponsored	Common Stock	6,573	7,392
	Sanofi Sponsored	Common Stock	7,335	7,042
	Unicredit Spa Un-sponsored	Common Stock	2,155	6,913
	Deutsche Telekom Ag Sponsored	Common Stock	4,930	6,836
	Fujitsu Ltd	Common Stock	5,929	6,725
	Dassault Sys S A Sponsored	Common Stock	8,505	6,716
	Linde Plc	Common Stock	5,932	6,699
	Anheuser Busch Inbev Sponsored	Common Stock	7,408	6,659
	Alcon Inc	Common Stock	5,844	6,621
	Aia Group Ltd	Common Stock	8,731	6,600
	Rio Tinto Plc Sponsored	Common Stock	6,815	6,469
	Alibaba Group Holding Ltd	Common Stock	7,294	6,444

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 17)

EIN: 98-0662756 - PN: 002

(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
	Bhp Group Ltd	Common Stock	8,091	6,348
	Merck & Co Inc	Common Stock	6,080	6,068
	Atlas Copco Ab Sponsored	Common Stock	4,697	5,840
	Nintendo Ltd Un-sponsored	Common Stock	5,214	5,676
	Tencent Hldgs Ltd Un-sponsored	Common Stock	4,387	5,584
	Disco Corp	Common Stock	6,061	5,581
	Adyen Nv	Common Stock	4,889	5,322
	Daifuku Co Ltd Un-sponsored	Common Stock	5,293	5,320
	Shionogi & Co Ltd Un-sponsored	Common Stock	6,179	5,157
	Sonova Holding Ag Un-sponsored	Common Stock	4,257	5,138
	Symrise Ag Un-sponsored	Common Stock	5,886	5,097
	Arcelormittal Sa Sponsored	Common Stock	5,047	5,089
	Deere & Co	Common Stock	4,019	5,084
	Assa Abloy Un-sponsored	Common Stock	4,397	4,878
	Standard Chartered Un-sponsored	Common Stock	3,769	4,865
	British Amern Tob Plc Sponsored	Common Stock	4,277	4,794
	Hdfc Bank Ltd Sponsored	Common Stock	5,259	4,790
	Axa Sponsored	Common Stock	3,685	4,768
	Aflac Inc	Common Stock	3,983	4,758
	Ing Groep Nv Sponsored	Common Stock	4,304	4,732
	Smc Corporation Sponsored	Common Stock	5,330	4,690
	Epiroc Aktiebolag Un-sponsored	Common Stock	5,421	4,496
	Bnp Paribas Sponsored	Common Stock	4,425	4,482
	United Overseas Bank-Sponsored	Common Stock	3,640	4,427
	Heineken Nv Spons Adr	Common Stock	5,335	4,423

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 18)

EIN: 98-0662756 - PN: 002

(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
	Coloplast A/S Sponsored	Common Stock	4,884	4,355
	Relx Plc Sponsored	Common Stock	2,648	4,133
	Techtronic Inds Ltd Sponsored	Common Stock	4,430	4,002
	Danone Sponsored	Common Stock	3,253	3,883
	Canadian National Railway Co	Common Stock	4,550	3,857
	Legal & Gen Group Plc Sponsored	Common Stock	3,675	3,651
	Kingfisher Plc Sponsored	Common Stock	3,687	3,642
	Unicharm Corporation Sponsored	Common Stock	5,147	3,637
	Julius Baer Group Ltd Un-sponsored	Common Stock	3,200	3,606
	Accenture Plc Cl A	Common Stock	3,372	3,518
	Murata Manufacturing Co Ltd	Common Stock	4,182	3,508
	Genmab A/S Sponsored	Common Stock	6,278	3,506
	Yum China Holdings Inc	Common Stock	3,838	3,468
	Check Point Software Tech Ltd	Common Stock	3,260	3,361
	Novonosis (Novozymes) B Un-sponsored	Common Stock	3,699	3,223
	Carrefour Sa Sponsored	Common Stock	4,405	3,194
	Shimano Inc Un-sponsored Adr	Common Stock	3,439	2,877
	Berkeley Group Hldgs Plc	Common Stock	3,430	2,572
	Compass Group Plc Sponsored	Common Stock	1,781	2,452
	Sodexo Sa Sponsored	Common Stock	2,529	2,403
	Haier Smart Home Co Ltd Un-sponsored	Common Stock	2,251	2,380
	Amadeus It Group Sa	Common Stock	1,805	2,257
	Smurfit Westrock Plc	Common Stock	1,706	2,047
	Heidelberg Materials Ag	Common Stock	2,049	1,969
	Rwe Aktiengesellschaft Sponsored	Common Stock	2,275	1,915

See independent auditors' report.

IGM RESINS CHARLOTTE, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024 (CONTINUED FROM PAGE 19)

EIN: 98-0662756 - PN: 002

(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
	Shinhan Financial Group Sponsored	Common Stock	2,277	1,776
	Societe Generale Sponsored	Common Stock	1,731	1,746
	Smith & Nephew Plc Sponsored	Common Stock	1,940	1,647
	Natwest Group Plc	Common Stock	826	1,607
	Barrick Gold Corp	Common Stock	1,945	1,488
	Takeda Pharmaceutical Sponsored	Common Stock	1,626	1,470
	Dr Ing Hc F Porshe Ag Un-sponsored	Common Stock	1,513	1,385
	Johnson & Johnson	Common Stock	1,350	1,302
	Li Ning Co Ltd	Common Stock	1,107	1,192
	Banco Bradesco Sponsored	Common Stock	1,461	1,039
	Lukoil Pjsc	Common Stock	12,728	273
			<u>\$ 10,788,909</u>	<u>\$ 11,489,253</u>

See independent auditors' report.

Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

The expected rate of return on plan assets was changed from 7.00% to 6.25%.