

<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: 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>▶ 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;">2024</p> <hr/> <p style="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>PENSION PLAN FOR NYLON EMPLOYEES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>ASCEND PERFORMANCE MATERIALS HOLDINGS INC.</u></p> <p><u>1010 TRAVIS STREET, SUITE 900</u> <u>HOUSTON, TX 77002</u></p>	<p>1c Effective date of plan <u>02/28/2009</u></p> <p>2b Employer Identification Number (EIN) <u>27-0219853</u></p> <p>2c Plan Sponsor's telephone number <u>713-315-5700</u></p> <p>2d Business code (see instructions) <u>325200</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.	12/05/2025	ANDREA D LUBBERS
	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	859
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)	431
	6a(2)	332
	6b	281
	6c	151
	6d	764
	6e	27
	6f	791
	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 1C 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>PENSION PLAN FOR NYLON EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASCEND PERFORMANCE MATERIALS HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>27-0219853</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>84631788</u>
	b Actuarial value	2b	<u>84631788</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>293</u>	<u>55037866</u>
	b For terminated vested participants	<u>142</u>	<u>10387482</u>
	c For active participants	<u>431</u>	<u>31956304</u>
	d Total	<u>866</u>	<u>97381652</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>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>837542</u>
	c Target normal cost	6c	<u>837542</u>

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

SIGN HERE	
Signature of actuary	<u>09/17/2025</u> Date
<u>SAMUEL D. TENNEY</u> Type or print name of actuary	<u>23-08615</u> Most recent enrollment number
<u>FIDELITY INVESTMENTS</u> Firm name	<u>972-584-2260</u> Telephone number (including area code)
<u>TWO DESTINY WAY WEGD</u> <u>WESTLAKE, TX 76262</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	144471
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	143487
9	Amount remaining (line 7 minus line 8)	0	984
10	Interest on line 9 using prior year's actual return of <u>11.61</u> %	0	114
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1098

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.90 %
15	Adjusted funding target attainment percentage	15	86.90 %
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	80.00 %
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		
04/11/2024	688000	0					
07/12/2024	688000	0					
10/11/2024	31000	0					
01/13/2025	472000	0					
09/08/2025	295000	0					
			Totals ▶	18(b)	2174000	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	2098140

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" 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	837542	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	12750962	1258655	
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	2096197	
	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	2096197	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2098140	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1943	
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			

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 PENSION PLAN FOR NYLON EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASCEND PERFORMANCE MATERIALS HOLDINGS INC.	D Employer Identification Number (EIN) 27-0219853	

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

BANK OF NY MELLON

13-2614959

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

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

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

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(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?
11 15 38 51 64	RECORD KEEPER	131375	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PENSION PLAN FOR NYLON EMPLOYEES</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASCEND PERFORMANCE MATERIALS HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>27-0219853</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON INTL EQUITY MULTI-STRATE</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-326</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2308321</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON NEWTON EMERGING MRK EQ F</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-318</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1156294</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL INT CREDIT BIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1585851</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL INTL SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4632821</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL LT CREDIT BIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-062</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37517781</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL MC SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-124</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3389369</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL SC SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8879061</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM-M DB SL SIF**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1486419
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EB EMR MKT DEBT OPP FUND**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-310	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1165
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EM TEMP INV FD VAR RT 12/31/49 FEE**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21224
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM-I DB SL LGUS T-STRIPS BIF**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-336	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4454101
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM-M DB SL LONG BIF**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9947579
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN FOR NYLON EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASCEND PERFORMANCE MATERIALS HOLDINGS INC.	D Employer Identification Number (EIN) 27-0219853

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2834000	767000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	316	820
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	80648441	75379986
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1245155	1156725
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	84727912	77304531
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	11195	10524
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11195	10524
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	84716717	77294007

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)	2174000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2174000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	76643	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	180	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76823
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	39658	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		39658
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		966102
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53913
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3310496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9920289	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9920289
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	131375	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	681542	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		812917
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10733206

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7422710
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **KPMG, LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550182.

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 PENSION PLAN FOR NYLON EMPLOYEES	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASCEND PERFORMANCE MATERIALS HOLDINGS INC.	D Employer Identification Number (EIN) 27-0219853	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u> <u>13-2614959</u>		
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	69

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____.



PENSION PLAN FOR NYLON EMPLOYEES

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

PENSION PLAN FOR NYLON EMPLOYEES

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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Pension Plan for Nylon Employees:

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

We have performed audits of the financial statements of Pension Plan for Nylon Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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 available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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



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 U.S. generally accepted accounting principles.

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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions - Series for the year ended December 31, 2024, and Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

KPMG LLP

Houston, Texas
December 3, 2025

PENSION PLAN FOR NYLON EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 76,536,711	81,893,596
Employer contributions receivable	767,000	2,834,000
Interest receivable	820	316
Total assets	<u>77,304,531</u>	<u>84,727,912</u>
Liabilities:		
Accrued administrative expenses	<u>10,524</u>	<u>11,195</u>
Total liabilities	<u>10,524</u>	<u>11,195</u>
Net assets available for benefits	<u>\$ 77,294,007</u>	<u>84,716,717</u>

See accompanying notes to financial statements.

PENSION PLAN FOR NYLON EMPLOYEES

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 1,020,015
Dividends	39,658
Interest and other	<u>76,823</u>

Total investment income 1,136,496

Employer contributions 2,174,000

Total net additions 3,310,496

Deductions:

Benefits paid to participants or beneficiaries	(9,920,289)
Administrative expenses	<u>(812,917)</u>

Total deductions (10,733,206)

Net decrease in net assets available for benefits (7,422,710)

Net assets available for benefits:

Beginning of year 84,716,717

End of year \$ 77,294,007

See accompanying notes to financial statements.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following brief description of the Pension Plan for Nylon Employees (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan that was established effective February 28, 2009 as a spin-off from the Solutia Inc. (Solutia) Employees' Pension Plan (the Prior Plan). The Plan is frozen as to participation and accrual of benefits in accordance with the provisions of the Prior Plan. On May 31, 2009, Solutia sold the Integrated Nylon business to Ascend Performance Materials LLC, subsequently renamed as Ascend Performance Materials Operations LLC. In conjunction with the sale, Ascend Performance Materials Operations LLC assumed sponsorship of the Plan from Solutia. Effective January 1, 2014, the sponsorship of the Plan was transferred to Ascend Performance Materials Holdings Inc. (collectively referred to as the Plan Sponsor or the Company), in accordance with the plan amendment.

Participation in the Prior Plan was frozen for all employees hired on or after July 1, 2004. Pay contribution, and transition credits provided under the Prior Plan ceased on July 1, 2004. The Plan does not contain provisions for new participants to enter the Plan. Participants continue to accrue monthly interest credits on their balances under the provisions of the Plan.

The plan document was amended and restated in its entirety by the Company, effective January 1, 2020, to incorporate all prior approved amendments and to conform to current tax law changes. An amendment to the restated plan document was executed on June 1, 2021, to effect a language clarification. The Plan was further amended effective as of December 1, 2021, to permit in-service distributions for participants who have attained age 59.5 or older.

On December 29, 2022, The SECURE 2.0 Act of 2022 (SECURE 2.0) was enacted and will be effective January 1, 2024. The SECURE 2.0 builds upon the SECURE ACT and includes reform that seeks to expand retirement coverage and savings. The new provisions include required and optional changes to defined benefit plans with varying effective dates.

The purpose of the Plan is to provide retirement benefits for eligible employees of the Company. The Plan is subject to the provisions of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the Company's Administrative Committee (the Pension Committee).

The Bank of New York Mellon (BNY Mellon or the Trustee) serves as the Plan's trustee for all assets of the Plan, except for the benefit payment disbursing account. Fidelity Workplace Services LLC (Fidelity) serves as the custodian of the benefit payment disbursing account in addition to recordkeeper and actuary for the Plan. BNY Mellon provides funding for the benefit payment disbursing account to Fidelity through deposits to cover monthly benefit payments.

(b) Future Solvency

The Plan's financial statements have been prepared on a going-concern basis, which contemplates the realization of assets and settlement of liabilities in the normal course of business. Management is

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

required to assess the Plan's ability to continue as a going concern for one year from the date the financial statements are issued in accordance with ASC 205-40, *Presentation of Financial Statements—Going Concern*.

On April 21, 2025, the Plan's Sponsor filed voluntary petitions for reorganization under Chapter 11 of the U.S. Bankruptcy Code in the Southern District of Texas. The Company continues to operate as a debtor-in-possession under the jurisdiction of the Bankruptcy Court.

Management evaluated the significance of these events in relation to the Plan's liquidity, cash flow forecasts, overall financial position, and regulatory funding requirements. In completing its evaluation, management considered the relative magnitude of its benefit-plan obligations, including required pension contributions, within overall projected cash requirements. Further, the Plan's assets are held in trust and management concluded that they are expected to be sufficient to fund scheduled benefit payments and administrative expenses for at least twelve months beyond the anticipated issuance date of these financial statements.

While management believes these projections indicate the Plan will continue as a going concern, the ultimate outcome of the Chapter 11 proceedings remains uncertain. If the Plan's sponsor fails to successfully emerge from bankruptcy, the plan may face termination. See note 1(e) for discussion of termination of the Plan. The accompanying financial statements do not include any adjustments that might result from these uncertainties. Further, under Title 11 of the United States Bankruptcy Code, the Plan is not permitted to offer lump-sum payments for participants and beneficiaries. Once the Plan's AFTAP is at least 100% or the Plan Sponsor emerges from bankruptcy, the benefit restrictions will no longer apply. During any period when a plan sponsor is in bankruptcy the Adjusted Funding Target Attainment Percentage (AFTAP) is calculated without regard to interest rate stabilization. At February 26, 2025, the AFTAP, with regard to interest rate stabilization, was certified to be 80% or higher.

(c) Funding

The Plan Sponsor makes contributions to the Plan in amounts at least equal to the minimum funding requirements of ERISA, if any, as determined by the Plan's actuary. The Plan was in compliance with the applicable ERISA minimum funding requirements for the Plan year ended December 31, 2024. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

(d) Vesting

All Plan participants are 100% vested in their benefits.

(e) Priorities Upon Termination of the Plan

Though the Company has expressed no intent to do so, the Company reserves the right to change or terminate the Plan at any time 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:

- (a) Benefits attributable to employee contributions, taking into account those paid out before termination.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

- (b) 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 Plan termination.
- (c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- (d) All other vested benefits (that is, vested benefits not insured by the PBGC).

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend 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 Plan Sponsor and the level of benefits guaranteed by the PBGC.

(f) Pension Benefits

The Plan provides for various retirement benefits based on compensation and years of benefit service, as defined in the Plan document. The Plan permits early retirement at age 55, and commencement of benefits upon termination at any age. Married participants may elect to receive their pension benefits in the normal form of a 50% joint and survivor annuity, unless their spouse consents to an optional form. Single participants may elect to receive their pension benefits in the normal form of a single-life annuity. Optional forms available to single participants and married participants, with spousal consent, are as follows: life annuity; life annuity with payments guaranteed; contingent annuity; reversionary contingent annuity; various-level income annuities; and lump sum.

For those participants whose present value of accrued benefits is \$1,000 or less at termination, a lump-sum payment will be made. Death and disability benefits are provided for in the plan document. The Plan permits active in-service distributions for participants who have attained age 59.5 or older, upon election.

On May 30, 2023, the Company made the following elections related to SECURE 2.0:

- No increase to the mandatory cash out limit with the limit retained at \$5,000
- Some or all participants, regardless of status, must receive a required minimum distribution no later than April 1st of the calendar year following the calendar year in which the employee attains age 73.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

(g) Expenses of the Plan

All reasonable expenses of administering the Plan may be paid out of the Plan assets unless paid for by the Company. Currently, the Plan pays PBGC premiums and Trustee fees.

(2) Information Certified by the Plan's Trustee

The Pension Committee has elected to have the audit performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The Pension Committee determined that the certification received from BNY Mellon meets the requirements of ERISA Section 103(a)(3)(C). BNY Mellon certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate: Investments, at fair value and interest receivable as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023. Net appreciation in fair value of investments, dividends, and interest and other, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024. Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024. Schedule H, line 4j – Schedule of Reportable Transactions – Series for the year ended December 31, 2024. The Plan's independent accountants did not extend their audit procedures to the information certified by BNY Mellon, 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 U.S. GAAP.

(3) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

(b) Investments, Investment Valuation, and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 6 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded as earned. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividends. 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.

(c) Payment of Benefits

Benefit payments to participants or beneficiaries are recorded upon distribution.

(d) Estimates in the Financial Statements

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

(e) *Risk and Uncertainties*

The Plan provides for investments in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk, which may be impacted by certain external financial, business, and other factors, such as economic downturns, natural disasters, or pandemics. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and may impact the funded status of the Plan. Plan contributions are determined 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 reasonably possible that changes in estimates and assumptions would be material to the financial statements.

(4) **Actuarial Information**

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 to the date of actuarial valuation. 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent enrolled 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 following 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 calculations of the actuarial present value of accumulated plan benefits, changes in the actuarial present value of accumulated plan benefits, and the minimum annual contribution requirements were made by the Plan's independent enrolled actuary. The most recent actuarial valuation was performed as of January 1, 2025. Had the actuarial valuation been performed as of December 31, 2024, the results would not be materially different. The actuarial present value of accumulated plan benefits calculated as of December 31, 2024 and 2023 is presented as follows:

	2024	2023
Vested benefits of participants and beneficiaries currently receiving benefits	\$ 52,955,396	52,835,156
Other vested benefits	34,880,565	41,390,725
Total actuarial present value of accumulated plan benefits	\$ 87,835,961	94,225,881

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

The following presents the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 94,225,881
Increase (decrease) during the year due to:	
Increase for interest due to the decrease in the discount period	4,779,174
Benefits accumulated and experience gains (losses)	1,092,235
Changes in actuarial assumptions	(2,341,040)
Benefits paid	<u>(9,920,289)</u>
Net decrease	<u>(6,389,920)</u>
Actuarial present value of accumulated plan benefits, end of year	\$ <u>87,835,961</u>

Changes in actuarial assumptions result from annual statutory changes in interest rates and mortality tables, as well as method changes. A summary of the more significant assumptions and methods underlying the actuarial computations is as follows:

- Mortality – PRI-2012 Blue Collar Amount-Weighted Mortality Table Projected with Scale MP-2021 as of December 31, 2024, and 2023
- Interest – 5.70% as of December 31, 2024, and 5.35% as of December 31, 2023, per annum
- Normal retirement age – Ranges from age 55 to age 70 with an average of 62 as of December 31, 2024, and 61 as of December 31, 2023
- Retirement Rates for Active and Terminated Vested – Rates vary by age, or duration from valuation date as of December 31, 2024, and December 31, 2023
- Lump Sum Acceptance Rate for Active – 60% elect lump sum, 40% elect life annuity as of December 31, 2024, and December 31, 2023
- Lump Sum Acceptance Rate for Terminated Vested – 85% elect lump sum, 15% elect life annuity as of December 31, 2024, and December 31, 2023
- Interest Rate Method – Hypothetical Bond Portfolio as of December 31, 2024, and December 31, 2023

(5) Federal Income Taxes

The Plan obtained its latest determination letter on May 24, 2021, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (IRC). The Plan was further amended on October 5, 2021.

The Pension Committee believes that the Plan and related trust are designed and are currently being operated in compliance with the applicable requirements of the IRC, and therefore, the Plan was qualified, and the related trust was tax exempt as of the date of the accompanying financial statements. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

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

(6) Fair Value Measurements

The Financial Accounting Standards Board's (FASB) Accounting Standards Codification 820, *Fair Value Measurement and Disclosures* (ASC 820) 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 ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the Plan's valuation methodologies for assets measured at fair value.

(a) Common/Collective Trusts

The fair value of common/collective trusts is reported at net asset value (NAV) of units held by the Plan on the last business day of the Plan year by the issuer of the fund. The common/collective trusts held by the Plan are deemed to be actively traded and have a readily determinable fair value and are classified within Level 2 of the valuation hierarchy.

(b) Registered Investment Companies

The fair value of registered investment companies is reported at NAV of shares held by the Plan at year-end. Registered investment companies are valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. They are required to publish their daily NAV and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded. The registered investment companies are classified within Level 1 of the valuation hierarchy.

PENSION PLAN FOR NYLON EMPLOYEES

Notes to Financial Statements

December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

		December 31, 2024			
		Level 1	Level 2	Level 3	Total
Common/collective trusts	\$	—	75,379,986	—	75,379,986
Registered investment companies		1,156,725	—	—	1,156,725
Total investment assets at fair value	\$	1,156,725	75,379,986	—	76,536,711
		December 31, 2023			
		Level 1	Level 2	Level 3	Total
Common/collective trusts	\$	—	80,648,441	—	80,648,441
Registered investment companies		1,245,155	—	—	1,245,155
Total investment assets at fair value	\$	1,245,155	80,648,441	—	81,893,596

(7) Related-Party Transactions

Certain Plan investments are shares of common/collective trust funds managed by an affiliate of BNY Mellon and therefore are a party-in-interest with respect to the Plan. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

(8) Subsequent Events

The Plan has evaluated subsequent events through December 3, 2025, the date the financial statements were available to be issued.

In connection with the Chapter 11 proceedings, and pursuant to the guidance from the PBGC and ERISA regulations, the Plan has temporarily suspended all lump sum distributions effective April 21, 2025. This restriction was implemented to preserve plan assets during the bankruptcy process and to ensure equitable treatment of all participants. Participants eligible for retirement benefits during this period may elect annuity payments, but lump sum options will remain unavailable until further notice or until the Company emerges from bankruptcy and the Plan's funded status is reassessed.

Management continues to monitor the Plan's funded status and compliance with ERISA and PBGC requirements. Any changes to the Plan's benefit provisions or funding obligations will be disclosed in future filings as they become known.

As of the date of these financial statements, the Plan continues to operate and administer participant accounts in accordance with the provisions of the plan document. The bankruptcy proceedings may affect future employer contributions, administrative support, and the long-term viability of the Plan.

PENSION PLAN FOR NYLON EMPLOYEES

EIN: 26-4345777

Plan Number: 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current value
* The Bank of New York Mellon	BNYM Mellon DB SL International Stock Index Fund	\$ 3,015,687	4,632,821
* The Bank of New York Mellon	BNY Mellon Newton Emerging Market Equity Fund	605,075	1,156,294
* The Bank of New York Mellon	BNY Mellon International Equity Multi-Strategy Fund	1,813,931	2,308,321
* The Bank of New York Mellon	BNYM Mellon DB SL Mid Cap Stock Index Fund	2,083,491	3,389,369
* The Bank of New York Mellon	BNYM Mellon DB SL Small Cap Value Stock Index Fund	1,006,702	1,486,419
* The Bank of New York Mellon	BNYM Mellon DB SL Stock Index Fund	3,925,666	8,879,061
* The Bank of New York Mellon	BNYM Mellon DB SL Intermediate Credit Bond Index Fund	1,411,025	1,585,851
* The Bank of New York Mellon	BNYM Mellon DB SL Long Term Credit Bond Index Fund	35,186,615	37,517,781
* The Bank of New York Mellon	BNYM Mellon DB SL Long Bond Index Fund	10,626,138	9,947,579
* The Bank of New York Mellon	BNYM Mellon DB SL LGUS T-Strips Bond Index Fund	5,163,324	4,454,101
* The Bank of New York Mellon	EB Emerging Markets Debt Opportunistic Fund	144	1,165
* The Bank of New York Mellon	EB Temporary Investment Fund	21,224	21,224
Dimensions Group	DFA Emerging Markets Core Equity I Fund	1,093,317	1,156,725
	Total assets (held at end of year)	<u>\$ 65,952,339</u>	<u>76,536,711</u>

* Party-in-interest

Certified as complete and accurate by The Bank of New York Mellon, the Trustee.

See accompanying independent auditors' report.

PENSION PLAN FOR NYLON EMPLOYEES

EIN: 26-4345777

Plan Number: 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions - Series

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series transactions:								
* The Bank of New York Mellon	EB Temporary Investment Fund:							
	Purchases	\$ 10,857,755	—	—	—	10,857,755	10,857,755	—
	Sales	—	10,851,311	—	—	10,851,311	10,851,311	—
* The Bank of New York Mellon	BNYM Mellon DB SL Long Term Credit Bond Index Fund:							
	Purchases	\$ 1,485,000	—	—	—	1,485,000	1,485,000	—
	Sales	—	3,072,000	—	—	2,853,386	3,072,000	218,614

* Party-in-Interest

The information shown on this supplemental schedule has been summarized from information provided by The Bank of New York Mellon, the Trustee, which has been certified as complete and accurate.

See accompanying independent auditors' report.

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 26a – Schedule of Active Participant Data
 Ascend Performance Materials Holdings Inc.
 Pension Plan for Nylon Employees
 For Plan Year Ended December 31, 2024

EIN: 27-0219853
 Plan Number: 001

Age and Service Distribution of Active Members

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	0	0	0	0	0	0	0	0	2
45-49	1	14	33	2	0	0	0	0	0	0	50
50-54	1	18	65	31	1	0	0	0	0	0	116
55-59	0	11	97	68	3	3	0	0	0	0	182
60-64	1	9	27	17	1	6	0	0	0	0	61
65-69	0	1	13	5	0	0	1	0	0	0	20
Over 69	0	0	0	0	0	0	0	0	0	0	0
Total	3	55	235	123	5	9	1	0	0	0	431

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024**

**EIN: 27-0219853
Plan Number: 001**

Actuarial Assumptions and Methods

Interest Rates:

ERISA: Corporate bond yield curve for December 2023 under IRC Section 430(h)(2)(D)(ii).

The company elected to use the full yield curve under IRC Section 430(h)(2)(D)(ii) in place of the segment rates, beginning with the 2023 plan year.

Cash Balance Interest Crediting Rate: 5.00%

Administrative Expenses included in Target Normal Cost: Administrative expenses for the year are assumed to equal prior year actual non-PBGC expenses paid from the trust rounded to the nearest \$1,000, then adjusted for estimated current year PBGC premiums (\$681,542 for 2024).

Mortality:

ERISA: IRS 2024 Generational Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430 (previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants).

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024**

**EIN: 27-0219853
Plan Number: 001**

Actuarial Assumptions and Methods (continued)

Termination Rates: Rates varying by age. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Age	Rate
20	10.0%
25	9.1%
30	7.0%
35	4.8%
40	3.5%
45	3.5%
50	3.5%
55+	0.0%

Form of Payment: 60% of active participants are assumed to elect a lump sum and 40% are assumed to elect a life annuity. 85% of terminated vested participants are assumed to elect a lump sum and 15% are assumed to elect a life annuity. This assumption is based on the experience study performed by Fidelity in November 2022.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024

EIN: 27-0219853
Plan Number: 001

Actuarial Assumptions and Methods (continued)

Retirement Rates:

Active Participants: Rates varying by age.

<u>Age</u>	<u>Rate</u>
55-58	3.0%
59	40.0%
60-61	20.0%
62-64	30.0%
65-67	40.0%
68-69	50.0%
70+	100.0%

Terminated Vested Participants: Rates varying by duration from the valuation date.

<u>Years</u>	<u>Rate</u>
1	35.0%
2-5	15.0%
5+	100.0%

This assumption is based on the experience study performed by Fidelity in November 2022.

Marital Status: 85% of males and females are assumed married, with females three years younger than males.

Maximum Benefit: \$275,000 for 2024. No future increases in the IRC Section 415 limit have been reflected.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

PENSION PLAN FOR NYLON EMPLOYEES

EIN: 26-4345777

Plan Number: 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions - Series

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series transactions:								
* The Bank of New York Mellon	EB Temporary Investment Fund:							
	Purchases	\$ 10,857,755	—	—	—	10,857,755	10,857,755	—
	Sales	—	10,851,311	—	—	10,851,311	10,851,311	—
* The Bank of New York Mellon	BNYM Mellon DB SL Long Term Credit Bond Index Fund:							
	Purchases	\$ 1,485,000	—	—	—	1,485,000	1,485,000	—
	Sales	—	3,072,000	—	—	2,853,386	3,072,000	218,614

* Party-in-Interest

The information shown on this supplemental schedule has been summarized from information provided by The Bank of New York Mellon, the Trustee, which has been certified as complete and accurate.

See accompanying independent auditors' report.

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 <small>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).</small> ▶ 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 PENSION PLAN FOR NYLON EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASCEND PERFORMANCE MATERIALS HOLDINGS INC.	D Employer Identification Number (EIN) 27-0219853	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value.....	2a	84,631,788
	b Actuarial value.....	2b	84,631,788
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	293	55,037,866
	b For terminated vested participants	142	10,387,482
	c For active participants.....	431	31,956,304
	d Total.....	866	97,381,652
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	5.11%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	837,542
	c Target normal cost	6c	837,542

Statement by Enrolled Actuary

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

SIGN HERE	<u>SDT</u> SAMUEL TENNEY	
	Signature of actuary	09/17/2025
	SAMUEL D. TENNEY	Date
	Type or print name of actuary	2308615
	FIDELITY INVESTMENTS	Most recent enrollment number
	Firm name	972-584-2260
	TWO DESTINY WAY WEGD	Telephone number (including area code)
	WESTLAKE TX 76262	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b**

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** 837,542

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,750,962	1,258,655
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** 2,096,197

	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).....			2,096,197
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			2,098,140

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

a Total (excess, if any, of line 37 over line 36) **38a** 1,943

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

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024

EIN: 27-0219853
Plan Number: 001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	169.21	1.70%	2.8812	158.47
56	212.97	3.00%	6.3818	357.38
57	237.11	3.00%	7.1042	404.94
58	264.41	3.00%	7.9211	459.42
59	291.75	39.94%	116.5197	6,874.66
60	194.51	19.97%	38.8349	2,330.10
61	175.07	19.96%	34.9493	2,131.91
62	151.54	29.94%	45.3683	2,812.84
63	113.64	29.93%	34.0179	2,143.13
64	87.20	29.93%	26.0979	1,670.26
65	64.75	39.90%	25.8340	1,679.21
66	42.65	39.89%	17.0124	1,122.82
67	31.45	39.88%	12.5394	840.14
68	22.75	49.83%	11.3366	770.89
69	14.30	49.81%	7.1218	491.40
70	9.09	100.00%	9.0945	636.62
	Total		403.02	24,884.18
	Average			61.75
	Rounded to Nearest Integer			62

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024**

**EIN: 27-0219853
Plan Number: 001**

Plan Provisions

Name of Plan: Pension Plan for Nylon Employees.

Employer Identification Number/Plan Number: 27-0219853/001.

Effective Date: The Solutia Inc. Employees' Pension Plan (the "Prior Plan") became effective January 1, 1998. Effective February 28, 2009, the assets and liabilities with respect to the accrued benefits of the Nylon Participants were spun-off from the Prior Plan to form the Pension Plan for Nylon Employees (the "plan"). The plan was most recently amended to allow for in-service distribution of benefits effective December 1, 2021.

Covered Employees: All Nylon employees who were employed before July 1, 2004.

Participation Date: Date of becoming a covered employee.

Definitions:

Vesting Service: Years of Vesting Service are credited for each 12 months of service. A month of service is credited in months where at least one hour was worked.

Credited Service: Years of Credited Service are calculated based on years and months of service as a covered employee. Credited Service was frozen as of June 30, 2004.

Legacy Solutia Account: The account was created beginning February 28, 2009 to contain the lump sum value of the benefit earned under the Prior Plan as of February 27, 2009. It includes the accumulated balance for employees earning benefits under the cash balance arrangement as of December 31, 1996 ("Prior Plan Account").

Cash Balance Account: This account was created beginning February 28, 2009 to reflect ongoing benefit accruals.

Annual Credits to the Prior Plan Account: Interest Credits are credited at an annual rate of 8.50% of a Participants Prior Plan Account until the earlier of age 55 or commencement of benefits. Pay credits ceased July 1, 2004.

Annual Credits to the Cash Balance Account: Interest Credits are credited based on the average interest rate on 30-year Treasury Bonds for October of the prior calendar year. Rate subject to a minimum rate of 5%. Contribution credits ceased July 1, 2004.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024**

**EIN: 27-0219853
Plan Number: 001**

Plan Provisions (continued)

Eligibility for Benefits:

Normal Retirement: A Participant's Normal Retirement Age is age 65.

Early Retirement: A Participant's Early Retirement Date is the first day of the month coincident with age 55.

Terminated Retirement: Retirement prior to age 55.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement Benefit: Equal to the sum of the participant's Prior Plan Account and Cash Balance Account, plus Annual Credits earned for both accounts during each plan year. The total value is converted to an annuity by dividing by a factor of 125.

Early Retirement Benefit: Equal to the sum of the participant's Prior Plan Account and Cash Balance Account, plus Annual Credits earned for both accounts during each plan year at retirement date. The total value is converted to an annuity by dividing by a factor of 125.

Termination Benefit: In the event of the termination after three years of service, the Participant will become entitled to receive a pension benefit equal to the sum of the participant's Prior Plan Account and Cash Balance Account, plus Annual Credits earned for both accounts during each plan year commencing on his date of termination. The total value is converted to an annuity by dividing by a factor of 125 plus 1/10th for each month prior to age 55.

Pre-Retirement Spouse's Benefit: Equal to the sum of the participant's Prior Plan Account and Cash Balance Account, plus Annual Credits earned for both accounts during each plan year at the time of the Participant's death. The total value is converted to an annuity by dividing by a factor of 125 plus 1/10th for each month prior to the spouse's 55th birthday.

Disability Benefit: No separate disability benefits are offered by the plan.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024**

**EIN: 27-0219853
Plan Number: 001**

Plan Provisions (continued)

Forms of Payment:

Optional forms: Participants who retire under the plan may elect a certain and continuous annuity (10 or 20 years), a joint and survivor (J&S) annuity (25%, 50%, 75%, or 100%), or a lump sum distribution. Additional optional forms are available to certain participants employed prior to December 31, 1996. Those employees may elect a revisionary contingent pop-up annuity (25%, 50%, 75%, or 100%), Social Security leveling option (SSLO) at age 62 or 65, or SSLO at age 62 or 65 combined with a J&S annuity, reversionary contingent annuity, or 10-year certain and continuous option.

Actuarial Equivalence: 1983 GAM Male with two-year setback, 8% interest. 417(e) mortality and prior October 417(e) interest rates minimum for SSLO payments.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

PENSION PLAN FOR NYLON EMPLOYEES

EIN: 26-4345777

Plan Number: 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current value
* The Bank of New York Mellon	BNYM Mellon DB SL International Stock Index Fund	\$ 3,015,687	4,632,821
* The Bank of New York Mellon	BNY Mellon Newton Emerging Market Equity Fund	605,075	1,156,294
* The Bank of New York Mellon	BNY Mellon International Equity Multi-Strategy Fund	1,813,931	2,308,321
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* The Bank of New York Mellon	BNYM Mellon DB SL Long Term Credit Bond Index Fund	35,186,615	37,517,781
* The Bank of New York Mellon	BNYM Mellon DB SL Long Bond Index Fund	10,626,138	9,947,579
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* The Bank of New York Mellon	EB Emerging Markets Debt Opportunistic Fund	144	1,165
* The Bank of New York Mellon	EB Temporary Investment Fund	21,224	21,224
Dimensions Group	DFA Emerging Markets Core Equity I Fund	1,093,317	1,156,725
	Total assets (held at end of year)	<u>\$ 65,952,339</u>	<u>76,536,711</u>

* Party-in-interest

Certified as complete and accurate by The Bank of New York Mellon, the Trustee.

See accompanying independent auditors' report.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 – Schedule of Amortization Bases
Ascend Performance Materials Holdings Inc.
Pension Plan for Nylon Employees
For Plan Year Ended December 31, 2024

EIN: 27-0219853
Plan Number: 001

Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2024 Shortfall	\$ (6,683,338)	January 1, 2024	15	\$ (615,465)
2023 Shortfall	\$ 19,434,300	January 1, 2023	14	\$ 1,874,120
Total	\$ 12,750,962			\$ 1,258,655