

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/15/2019
2a Plan sponsor's name (employer, if for a single-employer plan): INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC
2b Employer Identification Number (EIN): 83-2989504
2c Plan Sponsor's telephone number: 337-476-9237
2d Business code (see instructions): 325200

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 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 | 577 |
| 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) | 393 |
| | 6a(2) | 409 |
| | 6b | 0 |
| | 6c | 230 |
| | 6d | 639 |
| | 6e | 0 |
| | 6f | 639 |
| | 6g(1) | 459 |
| 6g(2) | 529 | |
| 6h | 88 | |
| 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:
 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 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 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC | D Employer Identification Number (EIN) 83-2989504 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ASCENSUS

11-3665754

| (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? |
|------------------------|---|--|--|--|---|--|
| 64 | RECORD KEEPER | 47826 | 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)

BENCHMARK RETIREMENT PLAN SERVICES

2215 PLANK ROAD
FREDRICKSBURG, VA 22401

| (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? |
|------------------------|---|--|--|--|---|--|
| 13 | TPA | 24341 | 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)

MMA SECURITIES, LLC

PO BOX 9496
NEW YORK, NY 10087-4496

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | ADVISOR | 13439 | 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"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC | D Employer Identification Number (EIN) 83-2989504 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 11137 | 4773 |
| (2) Participant contributions | 1b(2) | 24298 | 7393 |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 192997 | 261710 |
| (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) | 187991 | 233096 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3100000 | 4278179 |
| (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 | 3516423 | 4785151 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3516423 | 4785151 |

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) | 533043 | |
| (B) Participants..... | 2a(1)(B) | 795638 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 10244 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1338925 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 19047 | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 19047 |
| (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) | 124870 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 124870 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 388858 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1871700 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 528702 | |
| (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) | | 528702 |
| 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) | 74270 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 74270 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 602972 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1268728 |
| 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: WEAR, HOWELL, STRICKLAND, QUINN & LAW

(2) EIN: 63-0510739

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 | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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 _____.

| | | |
|--|---|---|
| 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. |
|--|---|---|

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

| | | |
|---|--|------------|
| A Name of plan INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INDORAMA VENTURES SUSTAINABLE SOLUTIONS LLC | D Employer Identification Number (EIN) 83-2989504 | |

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|----------|--|----------|
| 1 | | 0 |
|----------|--|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 11-3665754

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 | |
|----------|--|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

FINANCIAL STATEMENTS
With Supplementary Information
INDORAMA VENTURES SUSTAINABLE
SOLUTIONS, LLC 401(K) PLAN
ATHENS, ALABAMA
Years ended December 31, 2024 and 2023

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WEAR HOWELL

CERTIFIED PUBLIC ACCOUNTANTS | BUSINESS ADVISORS

Independent Auditor's Report

To the Administrator of
Indorama Ventures Sustainable Solutions, LLC 401(k) Plan
Athens, Alabama

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

We have performed audits of the accompanying financial statements of Indorama Ventures Sustainable Solutions, LLC 401(k) 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 audit of Indorama Ventures Sustainable Solutions, LLC 401(k) 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note M 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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).

Wear, Howell, Strickland, Quinn & Law, LLC.

1323 Stratford Road SE Decatur, Alabama 35601 • (256) 353-8902 • (256) 353-1351 (fax)
107 Railroad Street SW Hartselle, Alabama 35640 • (256) 773-6829 • (256) 773-6856 (fax)

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Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Indorama Ventures Sustainable Solutions, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Indorama Ventures Sustainable Solutions, LLC 401(k) Plan's ability to continue as a going concern for one year after the date 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Indorama Ventures Sustainable Solutions, LLC 401(k) 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 Indorama Ventures Sustainable Solutions, LLC 401(k) 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the accompanying table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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).

Wear, Howell, Strickland, Quinn & Law, LLC
CERTIFIED PUBLIC ACCOUNTANTS
Decatur, Alabama

December 17, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

| <u>ASSETS</u> | 2024 | 2023 |
|--------------------------------------|--------------|--------------|
| Investments: | | |
| Mutual funds - fair value | \$ 4,278,179 | \$ 3,100,000 |
| Stable value fund - contract value | 261,710 | 192,997 |
| TOTAL INVESTMENTS | 4,539,889 | 3,292,997 |
| Receivables: | | |
| Notes receivable from participants | 233,096 | 187,991 |
| Participant contributions receivable | 7,393 | 24,298 |
| Employer contributions receivable | 4,773 | 11,137 |
| TOTAL RECEIVABLES | 245,262 | 223,426 |
| TOTAL ASSETS | 4,785,151 | 3,516,423 |
| <u>LIABILITIES</u> | | |
| Corrective distributions payable | 3,084 | 1,138 |
| TOTAL LIABILITIES | 3,084 | 1,138 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 4,782,067 | \$ 3,515,285 |

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income:

| | |
|---|----------------|
| Interest income | \$ 19,047 |
| Dividend income | 124,870 |
| Net appreciation in fair value of investments | <u>388,858</u> |
| TOTAL INVESTMENT INCOME | <u>532,775</u> |

Contributions:

| | |
|---------------------|------------------|
| Participant | 793,692 |
| Employer | 533,043 |
| Rollover | <u>10,244</u> |
| TOTAL CONTRIBUTIONS | <u>1,336,979</u> |

TOTAL ADDITIONS 1,869,754

DEDUCTIONS

Deductions from net assets attributed to:

| | |
|-------------------------------|----------------|
| Benefits paid to participants | 528,702 |
| Administrative expenses | <u>74,270</u> |
| TOTAL DEDUCTIONS | <u>602,972</u> |

NET INCREASE 1,266,782

Net assets available for benefits, beginning of year 3,515,285

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR \$ 4,782,067

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

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE A – DESCRIPTION OF PLAN

The following description of the Indorama Ventures Sustainable Solutions, LLC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan’s provisions.

1. General – The Plan is a defined contribution plan covering all employees, excluding union employees and non-resident aliens. To be eligible to make salary deferral contributions, employees must have completed 3 months of service, and to receive matching and profit sharing contributions, employees must also have completed 3 months of service. Employees are automatically enrolled at 3% immediately upon completing 3 months of service unless they choose to opt out. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan sponsor is Indorama Ventures Sustainable Solutions, LLC (the “Company”).
2. Contributions – Each year, a participant may contribute up to 100% of pretax annual compensation as defined in the plan, up to the amount allowed by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into thirty-two various mutual funds or a stable value fund. Company matching contributions are discretionary. At December 31, 2024 and 2023, the Company matched 75% up to 6% of the amount the participant contributed to the Plan. Additional profit sharing contributions may be made at the discretion of the Company’s board of directors. No profit sharing contributions were made for the years ended December 31, 2024 and 2023.
3. Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and may be charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
4. Vesting – Vesting in the Company’s profit sharing contribution and actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service. Participants are immediately vested in their deferred contributions and the non-discretionary Company contributions plus related earnings thereon. Participants also become immediately vested in Company profit sharing contributions plus earnings upon death, disability, or upon attaining the normal retirement age.
5. Participant Loans – Participants may borrow from their fund accounts up to their vested account balance. The loans are secured by the balance in the participant’s account and bear a reasonable rate of interest, determined during the month the loan is effective. Principal and interest is paid ratably through weekly payroll deductions.
6. Forfeited Accounts – At December 31, 2024 and 2023, there was \$106,826 and \$56,674 in unapplied forfeitures, respectively. Forfeiture accounts are first used to pay administrative expenses. Any remaining forfeitures may be reallocated to participants based on compensation. There were \$3,324 of forfeitures applied during 2024 (no forfeitures were applied in 2023).

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE A – DESCRIPTION OF PLAN – CONTINUED

7. Payment of Benefits – On termination of service due to death, the beneficiary shall receive payments of the entire account balance. On termination of service for any reason other than death, distributions shall be made in a lump sum payment or substantially equal annual, or more frequent installments over a period not to exceed the joint life expectancy of the participant and his or her beneficiary, or under a continuous right of withdrawal pursuant to which a participant may withdraw such amounts, at such times as he or she shall elect.
8. SECURE 2.0 – In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The provisions of SECURE 2.0 continue the themes and reforms that began with the 2019 SECURE Act. Most of the provisions will become effective in 2025 and forward, therefore there is no current impact to the Plan. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting – The financial statements of the Plan are prepared on the accrual method of accounting.
2. Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.
3. Investment Valuation and Income Recognition – The Plan’s investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received when selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest and dividends are recorded when received by the trustee. Net appreciation and depreciation includes the plan’s gains and losses on investments bought and sold as well as held during the year. Unrealized appreciation and depreciation are reflected in the financial statements when applicable.

4. Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. Interest income on notes receivable from participants is recorded when earned. Loan fees are expensed when incurred.
5. Contributions – Contributions from plan participants and the contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.
6. Payment of Benefits – Benefits are recorded when paid.
7. Administrative Costs – Administrative costs are currently being paid by the Plan. Fees related to the administration of notes receivable and benefit payments from/to participants are charged directly to the

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE B – SUMMARY OF ACCOUNTING POLICIES – CONTINUED

participant's account. Investment related expenses are included in net appreciation of fair value of investments.

NOTE C – AMENDMENTS TO THE PLAN

The Plan was amended effective January 1, 2022 to update eligibility for employer match contributions from one year of service to 3 months of service. The Company now matches 75% up to 6% of the amount the participant contributed to the Plan. The Plan was also amended to include the employees of the Plan sponsor's Texas plant, as a new division to the Plan.

NOTE D – INVESTMENT CONTRACTS

The Plan has a collective investment fund (the "Fund") investment contract sponsored by Reliance Trust Company. The Fund invests in group annuity contracts (the "Contracts") and other similar instruments that are fully benefit-responsive.

The Fund records security transactions on a trade date basis. Interest income is accrued at the Contracts' crediting rates. The crediting rate is generally based on the fair value, duration, and yield-to-maturity of the Contracts. These Contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustments to the future interest crediting rate, rather than reflected immediately in the net assets of the Fund. The Contracts issuer guarantees that all qualified participant withdrawals will be at contract value.

There are several risks specific to investment contracts. One of the primary risks involved is credit risk of the contract issuer. Secondly, liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates are fixed for a fixed period that will apply to the entire guaranteed value.

The existence of certain conditions can limit the Fund's ability to transact at contract value with the contract issuer. Specifically, any event outside the normal operation of the Fund which causes a withdrawal from the investment contract may result in a negative market value adjustment with respect to such withdrawal. Examples of such events include, but are not limited to, layoffs, bankruptcy, plan termination, mergers, early retirement incentives, and competing fund transfer or violation of equity wash or equivalent rules in place, and changes in qualification status of employer or Plan.

In addition to the limitations noted above, issuers of investment contracts have certain rights to terminate a contract and settle at an amount which differs from contract value. For example, certain breaches by the Fund of its obligation, representations or warranties under the terms of an investment contract can result in its termination at market value, which may differ from contract value. Investment contracts may also provide for termination with no payment obligation for the issuer if the performance of the contract constitutes a prohibited transaction under ERISA or other applicable law.

The group annuity contract is valued at contract value, which was \$261,710 and \$192,997 at December 31, 2024 and 2023, respectively. The Contract's crediting rate on the investment is reset on a quarterly basis.

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE D – INVESTMENT CONTRACTS – CONTINUED

The yield earned by the Fund at December 31, 2024 and 2023, was 0.88% and 5.27%, respectively. This represents the annualized earnings of all investments in the Fund, including the earnings recorded at the underlying collective trust funds, divided by the fair value of all investments in the Fund at December 31, 2024 and 2023, respectively.

The yield earned by the Fund with an adjustment to reflect the actual interest rate credited to participants in the Fund at December 31, 2024 and 2023, was 2.93% and 3.19%, respectively. This represents the annualized earnings credited to participants in the Fund, divided by the fair value of all investments in the Fund at December 31, 2024 and 2023, respectively.

NOTE E – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820 are described as follows:

- Level 1 Inputs include quoted prices for assets or liabilities in active markets.
- Level 2 Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs that are unobservable but significant to the fair value measurement. These inputs often require significant judgment or estimation.

The following is a description of the inputs used for the investments measured at fair value:

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

The Plan's assets at fair value, as of December 31, 2024, by level of inputs are as follows:

| <u>Asset Type</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|--|----------------|----------------|----------------|---------------------|
| Total in the fair value hierarchy | \$ - | \$ - | \$ - | \$ - |
| Investments measured at net asset value (a) | _____ | _____ | _____ | 4,278,179 |
| INVESTMENTS AT FAIR VALUE | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 4,278,179</u> |

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE E – FAIR VALUE MEASUREMENTS – CONTINUED

The Plan’s assets at fair value, as of December 31, 2023, by level of inputs are as follows:

| <u>Asset Type</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|--|----------------|----------------|----------------|---------------------|
| Total in the fair value hierarchy | \$ - | \$ - | \$ - | \$ - |
| Investments measured at net asset value (a) | _____ | _____ | _____ | 3,100,000 |
| INVESTMENTS AT FAIR VALUE | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 3,100,000</u> |

(a) In accordance with FASB ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table intend to permit reconciliation of the fair value hierarchy to the line items in the statements of net assets available for benefits.

NOTE F – ALLOCATIONS TO PERSONS WITHDRAWING FROM PLAN

The Plan had benefits requested to be paid at December 31, 2023 of \$3,682 that were not distributed until 2024. All persons electing to withdraw from the plan were paid at December 31, 2024.

NOTE G – EXCESS CONTRIBUTIONS

At December 31, 2024 and 2023, there were \$3,083 and \$1,138 of contributions allocated to participants in excess of required compliance limits.

NOTE H – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan’s Form 5500 is subject to examination by the Internal Revenue Service and the Department of Labor for years after 2020.

NOTE I – TRUST AGREEMENT WITH ASCENSUS TRUST COMPANY

As of December 31, 2024 and 2023, investments were held under a trust agreement with Ascensus Trust Company, the trust company maintains the contributions in Company selected investment funds. The investment funds are included in the financial statements at the value reported to the Plan by Ascensus Trust Company.

The Plan has a recordkeeping agreement with Ascensus, LLC for recordkeeping services provided to the Plan.

The Plan also has an administrative services agreement with Benchmark Retirement Plan Services, Inc. for administrative and reporting services provided to the Plan.

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE J – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE K – RISK AND UNCERTAINTIES

The Plan invests in mutual fund investment securities and a stable value fund. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE L – RECONCILIATION TO FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 4,782,067 | \$ 3,515,285 |
| Corrective distributions payable | <u>3,084</u> | <u>1,138</u> |
| Net assets available for benefits per Schedule H of Form 5500 | <u>\$ 4,785,151</u> | <u>\$ 3,516,423</u> |

The following is a reconciliation of contributions per the financial statements to Schedule H of Form 5500:

| | |
|--|---------------------|
| Total contributions per the financial statements | \$ 1,336,979 |
| Corrective distributions payable | <u>3,084</u> |
| Total contributions per Schedule H of Form 5500 | <u>\$ 1,340,063</u> |

NOTE M – SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 17, 2025, the date which the financial statements were available to be issued. Refer below subsequent event that required disclosure.

Effective July 31, 2025, the Indorama Ventures Sustainable Solutions LLC 401(k) plan (the "Merging Plan") has been merged into the Indorama Ventures Employee 401(k) plan 1 (the "Surviving Plan"). The participants will have a benefit in the Surviving Plan that is equal to the benefit participants had in the Merging Plan immediately before this merger.

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Fidelity Management Trust Company, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net investment activity and income as shown on the statement of net assets available for benefits for the year ended December 31, 2024.
- Investment information included in the footnotes and supplemental schedule of assets held at end of year as of December 31, 2024.

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

| <u>Description</u> | <u>2024</u> | <u>2023</u> |
|--|-------------|-------------|
| <u>Mutual Funds:</u> | | |
| JPMorgan Core Bond Fund Class R6 | \$ 4,428 | \$ 5,575 |
| Vanguard 500 Index Fund Admiral Shares | 392,516 | 242,233 |
| JPMorgan U.S. Equity Fund Class R6 | 325,212 | 209,304 |
| Vanguard Value Index Fund | 33,027 | 19,509 |
| Lord Abbett High Yield Fund Class R6 | 11,403 | 8,826 |
| Vanguard Growth Index Fund Admiral Shares | 244,666 | 23,197 |
| MFS Global Total Return Fund Class R6 | 21 | 20 |
| Vanguard Mid-Cap Index Fund Admiral Shares | 4,339 | 3,828 |
| Vanguard Balanced Index Fund Admiral Shares | 12,359 | 157,489 |
| Vanguard Small-Cap Index Fund Admiral Shares | 9,942 | 6,196 |
| Vanguard Real Estate Index Fund Admiral Shares | 26,650 | 26,298 |
| Loomis Sayles Strategic Alpha Fund Class N | 18 | 17 |
| Vanguard International Value Fund Investor Shares | 6,177 | 4,417 |
| Vanguard LifeStrategy Growth Fund Investor Shares | 59,599 | 45,805 |
| Vanguard Mid-Cap Value Index Fund Admiral Shares | 28,432 | 16,700 |
| Vanguard International Growth Fund Admiral Shares | 5,486 | 1,338 |
| Vanguard Mid-Cap Growth Index Fund Admiral Shares | 30,626 | 7,703 |
| Vanguard Small-Cap Value Index Fund Admiral Shares | 229,063 | 188,714 |
| Vanguard Total International Bond Index Admiral Shares | 1,782 | 1,747 |

NOTES TO THE FINANCIAL STATEMENTS
INDORAMA VENTURES SUSTAINABLE SOLUTIONS, LLC 401(K) PLAN
DECEMBER 31, 2024 AND 2023

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED – CONTINUED

| <u>Description</u> | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Vanguard Small-Cap Growth Index Fund Admiral Shares | 19,349 | 11,906 |
| Vanguard Target Retirement 2020 Fund Investor Shares | 21,261 | 21,840 |
| Vanguard Target Retirement 2025 Fund Investor Shares | 199,984 | 178,080 |
| Vanguard Target Retirement 2030 Fund Investor Shares | 199,825 | 162,902 |
| Vanguard Target Retirement 2035 Fund Investor Shares | 371,543 | 268,333 |
| Vanguard Target Retirement 2040 Fund Investor Shares | 293,145 | 234,665 |
| Vanguard Target Retirement 2045 Fund Investor Shares | 459,720 | 368,134 |
| Vanguard Target Retirement 2050 Fund Investor Shares | 385,771 | 302,678 |
| Vanguard Target Retirement 2055 Fund Investor Shares | 236,440 | 163,179 |
| Vanguard Target Retirement 2060 Fund Investor Shares | 343,445 | 213,067 |
| Vanguard Target Retirement 2065 Fund Investor Shares | 220,010 | 136,465 |
| Vanguard LifeStrategy Conservative Growth Fund | 68,026 | 35,630 |
| Vanguard Target Retirement Income Fund Investor Shares | 33,914 | 34,205 |
| | <u>4,278,179</u> | <u>3,100,000</u> |
| MetLife GAC Series 25053 Class O - Stable Value Fund | 261,710 | 192,997 |
| | <u>\$ 4,539,889</u> | <u>\$ 3,292,997</u> |

SUPPLEMENTAL SCHEDULES

Indorama Ventures Sustainable Solutions, LLC 401(k) Plan
FEIN: 83-2989504
Plan Number: 001
Schedule H, Line 4i – Schedule of Assets (Held at Year End)
December 31, 2024

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|-----|---|---|----------|----------------------|
| | JPMorgan Core Bond Fund | Mutual Fund | | \$ 4,428 |
| | Vanguard 500 Index Fund Adm Shares | Mutual Fund | | 392,516 |
| | JPMorgan U.S. Equity Fund | Mutual Fund | | 325,212 |
| | Vanguard Value Index Fund | Mutual Fund | | 33,027 |
| | Lord Abbett High Yield Fund | Mutual Fund | | 11,403 |
| | Vanguard Growth Index Fund Adm Shares | Mutual Fund | | 244,666 |
| | MFS Global Total Return Fund | Mutual Fund | | 21 |
| | Vanguard Mid-Cap Index Fund Adm Shares | Mutual Fund | | 4,339 |
| | Vanguard Balanced Index Fund Admiral Shares | Mutual Fund | | 12,359 |
| | Vanguard Small-Cap Index Fund Admiral Shares | Mutual Fund | | 9,942 |
| | Vanguard Real Estate Index Fund Adm Shares | Mutual Fund | | 26,650 |
| | Loomis Sayles Strategic Alpha Fund | Mutual Fund | | 18 |
| | Vanguard International Value Fund Inv Shares | Mutual Fund | | 6,177 |
| | Vanguard LifeStrategy Growth Fund Inv Shares | Mutual Fund | | 59,599 |
| | Vanguard Mid-Cap Value Index Fund Adm Shares | Mutual Fund | | 28,432 |
| | Vanguard International Growth Fund Adm Shares | Mutual Fund | | 5,486 |
| | Vanguard Mid-Cap Growth Index Fund Adm Shares | Mutual Fund | | 30,626 |
| | Vanguard Small-Cap Value Index Fund Adm Shares | Mutual Fund | | 229,063 |
| | Vanguard Total International Bond Index Adm Shares | Mutual Fund | | 1,782 |
| | Vanguard Small-Cap Growth Index Fund Adm Shares | Mutual Fund | | 19,349 |
| | Vanguard Target Retirement 2020 Fund | Mutual Fund | | 21,261 |
| | Vanguard Target Retirement 2025 Fund | Mutual Fund | | 199,984 |
| | Vanguard Target Retirement 2030 Fund | Mutual Fund | | 199,825 |
| | Vanguard Target Retirement 2035 Fund | Mutual Fund | | 371,543 |
| | Vanguard Target Retirement 2040 Fund | Mutual Fund | | 293,145 |
| | Vanguard Target Retirement 2045 Fund | Mutual Fund | | 459,720 |
| | Vanguard Target Retirement 2050 Fund | Mutual Fund | | 385,771 |
| | Vanguard Target Retirement 2055 Fund | Mutual Fund | | 236,440 |
| | Vanguard Target Retirement 2060 Fund | Mutual Fund | | 343,445 |
| | Vanguard Target Retirement 2065 Fund | Mutual Fund | | 220,010 |
| | Vanguard LifeStrategy Conservative Growth Fund | Mutual Fund | | 68,026 |
| | Vanguard Target Ret Income Fund Inv Shares | Mutual Fund | | 33,914 |
| | MetLife GAC Series 25053 Class O | Stable Value Fund | | 261,710 |
| | Notes Receivable from Participants | Participant Loans, 5.25-10.5% | | 233,096 |

See independent auditor's report.

Indorama Ventures Sustainable Solutions, LLC 401(k) Plan
FEIN: 83-2989504
Plan Number: 001
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2024

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|--------------------------------------|--|--|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Check Here if Late Participant Loan Repayments are Included: <input checked="" type="checkbox"/> | | | | |
| \$10,220 | X | | X | |
| \$13,443 | X | | X | |
| \$12,316 | X | | X | |
| \$33 | X | | X | |
| \$12,078 | X | | X | |
| \$11,962 | X | | X | |
| \$11,775 | X | | X | |
| \$101 | X | | X | |
| \$10,911 | X | | X | |
| \$9,651 | X | | X | |
| \$12,469 | X | | X | |
| \$11,999 | X | | X | |
| \$11,745 | X | | X | |
| \$9,264 | X | | X | |
| \$11,433 | X | | X | |
| \$8,890 | X | | X | |
| \$11,906 | X | | X | |
| \$9,066 | X | | X | |
| \$9,885 | X | | X | |
| \$12,295 | X | | X | |
| \$9,092 | X | | X | |
| \$13,462 | X | | X | |
| \$12,034 | X | | X | |
| \$13,131 | X | | X | |
| \$13,112 | X | | X | |
| \$11,637 | X | | X | |
| \$13,366 | X | | X | |
| \$14,405 | X | | X | |
| \$12,837 | X | | X | |
| \$501 | X | | X | |
| \$1,161 | X | | X | |
| \$13,569 | X | | X | |
| \$517 | X | | X | |
| \$11,081 | X | | X | |

See independent auditor's report.

Indorama Ventures Sustainable Solutions, LLC 401(k) Plan
FEIN: 83-2989504
Plan Number: 001
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2024

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|--------------------------------------|--|--|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Check Here if Late Participant Loan Repayments are Included: <input checked="" type="checkbox"/> | | | | |
| \$14,087 | X | | X | |
| \$12,926 | X | | X | |
| \$182 | X | | X | |
| \$10,694 | X | | X | |
| \$64 | X | | X | |
| \$12,973 | X | | X | |
| \$13,294 | X | | X | |
| \$13,086 | X | | X | |
| \$13,126 | X | | X | |
| \$13,195 | X | | X | |
| \$13,062 | X | | X | |
| \$11,989 | X | | X | |
| \$172 | X | | X | |
| \$13,152 | X | | X | |
| \$13,239 | X | | X | |
| \$14,262 | X | | X | |
| \$12,842 | X | | X | |
| \$14,535 | X | | X | |
| \$13,929 | X | | X | |
| \$83 | X | | X | |
| \$1,675 | X | | X | |
| \$13,256 | X | | X | |
| \$13,077 | X | | X | |
| \$13,394 | X | | X | |
| \$15,477 | X | | X | |
| \$5,455 | X | | X | |
| \$13,423 | X | | X | |
| \$13,544 | X | | X | |

See independent auditor's report.

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

Name of Plan:

▶ INDORAMA VENTURES SUSTANABLE SOLUTIONS 401K

Employer Identification Number: ▶ 83-2989504

For plan year (beginning/ending): ▶ 01/01/2024-12/31/2024 Plan number: ▶ 001

| (a) | (e) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|--|-----------------------|-------------------|
| | METLIFE GAC 25053 CLASS O | INTEREST-BEARING CASH | 261,710 |
| | JP MORGAN CORE BOND R6 | MUTUAL FUND | 4,428 |
| | VANGUARD 500 INDEX ADM | MUTUAL FUND | 392,516 |
| | JP MORGAN US EQUITY R6 | MUTUAL FUND | 325,212 |
| | LORD ABBETT HIGH YIELD R6 | MUTUAL FUND | 11,403 |
| | VANGUARD GROWTH INDEX ADM | MUTUAL FUND | 244,666 |
| | MFS GLOBAL TOTAL RETURN R6 | MUTUAL FUND | 20 |
| | VANGUARD MID CAP INDEX ADM | MUTUAL FUND | 4,339 |
| | VANGUARD REAL ESTATE INDEX ADM | MUTUAL FUND | 26,650 |
| | LOOMIS SAYLES STRATEGIC INCOME N | MUTUAL FUND | 19 |
| | VANGUARD INTERNATIONAL VALUE INV | MUTUAL FUND | 6,177 |
| | VANGUARD INTERNATIONAL GROWTH | MUTUAL FUND | 5,486 |
| | VANGUARD LIFE STRATEGY GROWTH INV | MUTUAL FUND | 59,599 |
| | VANGUARD LIFE STRATEGY CONS GROWTH INV | MUTUAL FUND | 68,026 |
| | VANGUARD BALANCED INDEX ADM | MUTUAL FUND | 12,359 |
| | VANGUARD SMALL CAP INDEX ADM | MUTUAL FUND | 9,942 |
| | VANGUARD MID CAP GROWTH INDEX ADM | MUTUAL FUND | 30,626 |
| | VANGUARD SMALL CAP VALUE INDEX ADM | MUTUAL FUND | 229,063 |
| | VANGUARD SMALL CAP GROWTH INDEX ADM | MUTUAL FUND | 19,349 |
| | VANGUARD MID CAP VALUE INDEX ADM | MUTUAL FUND | 28,432 |
| | VANGUARD TARGET RETIREMENT 2020 INV | MUTUAL FUND | 21,261 |
| | VANGUARD TARGET RETIREMENT 2025 INV | MUTUAL FUND | 199,984 |
| | VANGUARD TARGET RETIREMENT 2030 INV | MUTUAL FUND | 199,825 |
| | VANGUARD TARGET RETIREMENT 2035 INV | MUTUAL FUND | 371,543 |
| | VANGUARD TARGET RETIREMENT 2040 INV | MUTUAL FUND | 293,145 |
| | VANGUARD TARGET RETIREMENT 2045 INV | MUTUAL FUND | 459,720 |
| | VANGUARD TARGET RETIREMENT 2050 INV | MUTUAL FUND | 385,771 |
| | VANGUARD TARGET RETIREMENT 2055 INV | MUTUAL FUND | 236,440 |
| | VANGUARD TARGET RETIREMENT 2060 INV | MUTUAL FUND | 343,445 |
| | VANGUARD TARGET RETIREMENT 2065 INV | MUTUAL FUND | 220,010 |
| | VANGUARD VALUE INDEX ADM | MUTUAL FUND | 33,027 |
| | VANGUARD TARGET RETIREMENT INCOME INV | MUTUAL FUND | 33,914 |
| | VANGUARD INTERNATIONAL BOND INDEX | MUTUAL FUND | 1,782 |
| | LOANS | PARTICIPANT LOANS | 229,048 |