

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan POLYCHEM, LLC 401(K)
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1983
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) POLYCHEM LLC 6277 HEISLEY ROAD MENTOR, OH 44060
2b	Employer Identification Number (EIN) 34-1570807
2c	Plan Sponsor's telephone number 440-534-2377
2d	Business code (see instructions) 326100

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.	07/20/2026	LIBBY WAMPLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2026	LIBBY WAMPLER
	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 ☒ 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 1084
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) 520 6a(2) 524 6b 1 6c 255 6d 780 6e 3 6f 783 6g(1) 917 6g(2) 611 6h 5
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 Characteristic Codes in the instructions:

3D 3H 2E 2F 2G 2J 2K

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

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

a Pension Schedules

- (1) ☒ **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 1
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan POLYCHEM, LLC 401(K)	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POLYCHEM LLC	D Employer Identification Number (EIN) 34-1570807	

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	DH1609	611	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1971580**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING**b** Balance at the end of the previous year **7b** 1905548**c** Additions: (1) Contributions deposited during the year **7c(1)** 105410
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 46365
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 22129
▶ *(6) Total additions **7c(6)** 173904**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2079452**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 51380(2) Administration charge made by carrier **7e(2)** 2571(3) Transferred to separate account **7e(3)** 3887(4) Other (specify below) **7e(4)** 22484
▶ *(5) Total deductions **7e(5)** 80322**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1999130

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan POLYCHEM, LLC 401(K)	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POLYCHEM LLC	D Employer Identification Number (EIN) 34-1570807	

Part I	Service Provider Information (see instructions)
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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
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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	SERVICE PROVIDER	103830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(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?
99	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	40000	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
ALLIANT INSURANCE SERVICES, INC.	99	40000
(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.	
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	OTHER FEES	
(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) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan POLYCHEM, LLC 401(K)		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 POLYCHEM LLC		D Employer Identification Number (EIN) 34-1570807

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.			
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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	503680	458169
(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)	23776012	26872504
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1905548	1999130
(15) Other.....	1c(15)	0	406985

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	26185240	29736788

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	26185240	29736788
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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)	849387	
(B) Participants	2a(1)(B)	1313233	
(C) Others (including rollovers)	2a(1)(C)	283615	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2446235
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	38091	
(F) Other	2b(1)(F)	46365	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84456
(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)	1245667	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1245667
(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)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2766673
c Other income	2c		34258
d Total income. Add all income amounts in column (b) and enter total	2d		6577289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2921595	
(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)		2921595
f Corrective distributions (see instructions)	2f		316
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)	100845	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1285	
(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)	1700	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		103830
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3025741

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3551548
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: **CROWE LLP**

(2) EIN: **35-0921680**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan POLYCHEM, LLC 401(K)		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 POLYCHEM LLC		D Employer Identification Number (EIN) 34-1570807
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
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): 71-0294708		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 Q702844A.

POLYCHEM, LLC
401(K) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

POLYCHEM, LLC 401(K) PLAN
Mentor, Ohio

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Polychem, LLC 401(k) Plan
Mentor, Ohio

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

We have performed audits of the financial statements of Polychem, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical 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 on the financial statements.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the 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 the Plan's ability to continue as a going concern for one year from 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

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

- 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 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.

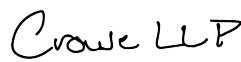
Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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


Crowe LLP

Houston, Texas
July 17, 2026

POLYCHEM, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 27,279,489	\$ 23,776,012
Investment, at contract value	1,999,130	1,905,548
Receivables:		
Participant contributions	20	2,989
Employer contributions	20	4,092
Notes receivable from participants	458,169	503,680
Total receivables	<u>458,209</u>	<u>510,761</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 29,736,828</u></u>	<u><u>\$ 26,192,321</u></u>

See accompanying notes to financial statements.

POLYCHEM, LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions

Investment income	
Net appreciation in fair value of investments	\$ 2,755,617
Interest and dividends	<u>1,337,346</u>
Total investment income	4,092,963
 Interest income on notes receivable from participants	 38,091
 Contributions:	
Participants	1,310,264
Employer	845,315
Rollovers	<u>283,615</u>
Total contributions	<u>2,439,194</u>
 Total additions	 6,570,248

Deductions

Benefits paid to participants	2,921,911
Administrative expenses	<u>103,830</u>
Total deductions	<u>3,025,741</u>

Net increase 3,544,507

Net assets available for benefits, beginning of year 26,192,321

Net assets available for benefits, end of year \$ 29,736,828

See accompanying notes to financial statements.

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN

The following description of Polychem, LLC 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Polychem, LLC (Plan Sponsor and Plan Administrator) and its affiliates, Polychem OMS Systems, LLC; and UltePET, LLC (UltePET) (collectively, the Company). The Plan was originally established on January 1, 1983 and was most recently amended and restated effective January 1, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility: Employees of the Company who have attained the age of 18 are eligible to participate in the Plan beginning on the first day of the month following completion of 3 months of service, provided they are not non-resident aliens and not leased employees.

Contributions: Participants may elect to defer up to 90% of their compensation on a pre-tax or after-tax basis. Employees who have not declined participation in writing or completed a salary deferral agreement as of the date of their eligibility to participate in the Plan will be automatically enrolled in the Plan with a deferral rate of 1% in a fund designated by the Plan Administrator until changed by the participant. Deferral rates of employees who have been automatically enrolled will increase annually by 1% up to a maximum of 5% on July 1st of each year. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year.

The Plan provides for safe harbor matching contributions to eligible participants, which is equal to 100% of the first 5% of eligible compensation (as defined by the Plan) that a participant contributes to the Plan. The Company may also contribute nonelective employer contributions and discretionary profit sharing contributions for participants with 1,000 hours of service and employed on the last day of the Plan year. There were no nonelective employer or profit sharing contributions to the Plan during the year ended December 31, 2025.

Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations. Participants may also invest in self-directed accounts through Charles Schwab.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions, (b) Plan earnings and losses, and (c) forfeitures of employer profit sharing contributions, and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant contributions, eligible compensation, participant account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vesting: Participants are immediately vested in their deferral and rollover contributions, and Company safe harbor matching and nonelective contributions plus actual earnings thereon. Discretionary employer matching contributions of UltrePET employees that were transferred into the Plan in 2022 vest at a rate of 20% after one full year of credited service and will be 100% vested after five years of credited service. Discretionary employer matching contributions of all other participants vest based on years of continuous service at a rate of 33% after one full year of credited service and will be 100% vested after three years of credited service.

Payment of Benefits: Upon attaining age 59½ or upon termination of service, a participant or their beneficiary upon the death of a participant, may elect to receive a lump-sum amount equal to the participant's account valuation on the date of distribution. If the value of the vested benefits credited to a participant's account is \$5,000 or less at the time of termination, the entire amount will be automatically distributed without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator.

Active participants may make hardship withdrawals of their elective deferral account balances, subject to Plan provisions.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance subject to certain Department of Labor and IRS requirements. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the vested balances in the participant's accounts and bear interest at the prime rate. Interest rates of notes receivable ranged from 3.25% to 8.50% at December 31, 2025. Principal and interest are paid ratably through weekly payroll deductions.

Forfeitures: Forfeitures are used to pay Plan expenses or reduce future employer contributions to the Plan. Unallocated forfeiture balances as of December 31, 2025 and 2024 were \$98,475 and \$80,516, respectively.

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 total participant account balances.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through July 17, 2026, which is the date the financial statements were available to be issued.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: The Plan's investments, other than the fully benefit responsive investment contract, are reported at fair value as further described in Notes 4 and 5. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits: Benefits are recorded when paid.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of 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 3 – CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Self Directed Brokerage Account: Primarily consists of mutual funds and common stocks that are determined by obtaining quoted prices on nationally recognized securities exchange (Level 1 inputs).

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

	2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self Directed Brokerage Account	\$ 406,985	\$ -	\$ -	\$ 406,985
Mutual funds	<u>26,872,504</u>	<u>-</u>	<u>-</u>	<u>26,872,504</u>
Total investments at fair value	<u>\$ 27,279,489</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27,279,489</u>
	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 23,776,012</u>	<u>\$ -</u>	<u>\$ -</u>	<u>23,776,012</u>
Total investments at fair value	<u>\$ 23,776,012</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,776,012</u>

(Continued)

NOTE 5 – GUARANTEED INVESTMENT CONTRACT

The Plan maintains a fully benefit-responsive guaranteed investment contract (GIC) with Voya Retirement Insurance and Annuity Company (VRIAC), held within the Plan's Fixed Account investment option. This contract is issued through Voya's general account and meets the criteria for reporting at contract value in accordance with ASC 962-325.

Under the terms of the contract, interest is credited daily and compounded annually at a rate declared periodically by VRIAC, which will not fall below the guaranteed minimum interest rate of 1.00% annually. Rate adjustments may occur at any time, but VRIAC will not decrease the rate more than once in any three-month period from the effective date of a change. Participants may generally direct withdrawals from the Fixed Account at contract value for benefit payments due to retirement, separation from service, hardship, disability, death, or in-service withdrawals allowed by the Plan. These are not subject to market value adjustments or surrender charges when classified as benefit payments. Surrenders initiated by the employer (e.g., upon contract termination or plan merger) may be subject to a Market Value Adjustment (MVA) and surrender charge, unless paid out via spread payments.

If the contract is surrendered in a lump sum (i.e., as a single payment), a Market Value Adjustment (MVA) may apply. The MVA formula is based on the movement of a custom blend of Barclays Fixed Income Indices and the time elapsed since the contributions were deposited. The MVA may reduce the amount available for distribution and is applied before the surrender charge.

Alternatively, the employer may elect to receive the Fixed Account Surrender Value via spread payments, which are equal principal payments (plus interest) over a period of up to 60 months. Spread payments are not subject to the MVA, and interest continues to accrue during the payout period at rates consistent with the contract's guaranteed terms.

Transfers from the Fixed Account to other plan investment options are subject to liquidity constraints and timing restrictions. Notably, transfers to competing investment options are not permitted if a transfer or withdrawal from the Fixed Account occurred in the prior 90 days. Direct transfers from the Fixed Account are limited to 10% of the Fixed Account balance annually unless otherwise approved by VRIAC. VRIAC may restrict or cease transfers into the Fixed Account with 90 days' notice.

VRIAC retains the right to terminate the contract and distribute the account value (without MVA or surrender charge) after the earlier of one year after contributions cease, or five years from the contract's effective date, with 90 days' advance notice to the Plan sponsor. Upon such termination, VRIAC may convert the balance to another contract or distribute proceeds as a single lump sum.

The Fixed Account is reported at contract value, which represents contributions made to the contract, plus interest earned, less participant withdrawals and administrative expenses. As of December 31, 2025 and 2024, the contract value was \$1,999,130 and \$1,905,548, respectively. The Fixed Account is backed by VRIAC's general account, which is primarily invested in high-quality, intermediate-term fixed income securities designed to preserve principal and provide a stable return. Plan management has evaluated the contract and concluded that no events are currently probable that would limit the Plan's ability to transact at contract value with the issuer.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds an unallocated investment contract with VRIAC. VRIAC and its affiliates are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to VRIAC and its affiliates qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions.

NOTE 7 - TAX STATUS

The Internal Revenue Service issued an opinion letter dated June 30, 2020 indicating that the non-standardized pre-approved plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended from the original non-standardized pre-approved plan document, Plan management believes that the Plan is currently being operated in accordance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 29,736,828	\$ 26,192,321
Participant contributions receivable	(20)	(2,989)
Employer contributions receivable	<u>(20)</u>	<u>(4,092)</u>
Net assets per the Form 5500	<u>\$ 29,736,788</u>	<u>\$ 26,185,240</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2025, per the financial statements to the net income reported in the 2025 Form 5500:

Net increase per the financial statements	\$ 3,544,507
Change in participant contributions receivable	2,969
Change in employer contributions receivable	<u>4,072</u>
Net income per the Form 5500	<u>\$ 3,551,548</u>

SUPPLEMENTAL SCHEDULES

POLYCHEM, LLC 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: Polychem, LLC
Employee Identification Number: 34-1570807
Three-digit Plan Number: 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Charles Schwab PCRA	Self Directed		
		Brokerage Account	** \$	406,985
	American Funds American Mutual Fund R6	Mutual fund	**	116,666
	American Funds U.S. Government Securities Fund Sec R6	Mutual fund	**	1,010,405
	DFA International Core Equity 2 Portfolio Insurance Fund	Mutual fund	**	1,043,690
	DFA U.S. Targeted VI Portfolio Insurance Fund	Mutual fund	**	365,511
	Fidelity Long Term Treasury Bond Index Fund	Mutual fund	**	59,326
	Fidelity 500 Index Fund	Mutual fund	**	4,216,071
	Fidelity Balanced Fund K	Mutual fund	**	4,914,075
	Fidelity Contrafund Fund K6	Mutual fund	**	6,263,167
	Fidelity Mid Cap Index Fund	Mutual fund	**	4,980
	Invesco Discovery Mid Cap Growth Fund R6	Mutual fund	**	413,478
	Neuberg Berman Small Cap Growth Fund R6	Mutual fund	**	414,887
	PIMCO Income Fund Institutional Class	Mutual fund	**	432,045
	PIMCO International Bond Fund (U.S. Dollar-Hedged)	Mutual fund	**	224,845
	Vanguard Small Cap Index Fund Admiral Class	Mutual fund	**	55,934
	Vanguard Target Retirement 2020 Fund	Mutual fund	**	188,833
	Vanguard Target Retirement 2025 Fund	Mutual fund	**	1,071,189
	Vanguard Target Retirement 2030 Fund	Mutual fund	**	879,696
	Vanguard Target Retirement 2035 Fund	Mutual fund	**	1,150,999
	Vanguard Target Retirement 2040 Fund	Mutual fund	**	615,547
	Vanguard Target Retirement 2045 Fund	Mutual fund	**	650,517
	Vanguard Target Retirement 2050 Fund	Mutual fund	**	1,283,272
	Vanguard Target Retirement 2055 Fund	Mutual fund	**	604,328
	Vanguard Target Retirement 2060 Fund	Mutual fund	**	434,841
	Vanguard Target Retirement 2065 Fund	Mutual fund	**	317,589
	Vanguard Target Retirement 2070 Fund	Mutual fund	**	61,354
	Vanguard Target Retirement Income Fund	Mutual fund	**	1,170
*	Voya Government Money Market Fund A	Mutual fund	**	78,089
*	Voya Fixed Account	Guaranteed		
		Investment Contract	**	1,999,130
*	Notes receivable from participants	Interest rate range: 3.25% - 8.50%	**	458,169
	Total assets			<u>\$ 29,736,788</u>

* Represent a party-in-interest to the Plan.

** Cost omitted for participant-directed investments.

See independent auditor's report.

POLYCHEM, LLC 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: Polychem, LLC
Employee Identification Number: 34-1570807
Three-digit Plan Number: 001

<u>Year-end</u>	Check here if late participant loan repayments are <u>included:</u>	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE <u>2002-51</u>
		<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
12/31/2018		\$ 1,577 ¹	\$ -	\$ -	\$ -
12/31/2020		199,015 ²	-	-	-
12/31/2021	X	24,543 ³	-	-	-
12/31/2022	X	89,263 ⁴	-	-	-
12/31/2023	X	54,678 ⁵	-	-	-
		<u>\$ 369,076</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

¹ During 2018, the Company did not timely remit employee contributions to the trustee totaling \$1,577. As of December 31, 2025, the participant deferrals and lost earnings associated with these delinquent contributions have not been remitted to the Plan.

² During 2020, the Company did not timely remit employee contributions to the trustee totaling \$199,015. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

³ During 2021, the Company did not remit employee contributions totaling \$2,646 and did not timely remit employee contributions and loan repayments to the trustee totaling \$21,897. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

⁴ During 2022, the Company did not remit \$6,131 of employee contributions to the trustee and did not timely remit employee contributions and loan repayments to the trustee totaling \$83,132. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

⁵ During 2023, the Company did not remit \$1,706 of employee contributions to the trustee and did not timely remit employee contributions and loan repayments to the trustee totaling \$52,972. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

See independent auditor's report.



Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

POLYCHEM, LLC 401K

EIN#34-1570807

Plan# 001

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	Amer Fnds American Mutual R6	Registered Investment Company		\$116,666.04
	Amer Fnds US Govt Secs R6	Registered Investment Company		\$1,010,404.72
	CHARLES SCHWAB PCRA	Other		\$406,985.14
	DFA Intl Core Eq 2-Inst	Registered Investment Company		\$1,043,689.76
	DFA US Targeted VI Port Ins	Registered Investment Company		\$365,510.81
	Fid Lg Trm Trsy Bd Id Fd	Registered Investment Company		\$59,325.75
	Fidelity 500 Index Fund	Registered Investment Company		\$4,216,071.07
	Fidelity Balanced Fund K	Registered Investment Company		\$4,914,075.27
	Fidelity Contrafund K6	Registered Investment Company		\$6,263,166.89
	Fidelity Mid Cap Idx Fd	Registered Investment Company		\$4,979.69
	Inv Discovery MCp Grw F R6	Registered Investment Company		\$413,478.54
	Neuberger SmCp GrowthFd R6	Registered Investment Company		\$414,886.89
	PIMCO Income Fund Ins	Registered Investment Company		\$432,045.22
	PIMCO Intl Bd Fd (US DI-Hdg) I	Registered Investment Company		\$224,844.53
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$55,934.10
	Vangrd Trgt Retire 2020 Fd	Registered Investment Company		\$188,833.01
	Vangrd Trgt Retire 2025 Fd	Registered Investment Company		\$1,071,188.63
	Vangrd Trgt Retire 2030 Fd	Registered Investment Company		\$879,696.29
	Vangrd Trgt Retire 2035 Fd	Registered Investment Company		\$1,150,998.80
	Vangrd Trgt Retire 2040 Fd	Registered Investment Company		\$615,547.40
	Vangrd Trgt Retire 2045 Fd	Registered Investment Company		\$650,516.51
	Vangrd Trgt Retire 2050 Fd	Registered Investment Company		\$1,283,271.71



Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
POLYCHEM, LLC 401K
EIN#34-1570807
Plan# 001

	Vangrd Trgt Retire 2055 Fd	Registered Investment Company		\$604,328.00
	Vangrd Trgt Retire 2060 Fd	Registered Investment Company		\$434,840.73
	Vangrd Trgt Retire 2065 Fd	Registered Investment Company		\$317,589.26
	Vangrd Trgt Retire 2070 Fd	Registered Investment Company		\$61,353.94
	Vangrd Trgt Retire Inc Fd	Registered Investment Company		\$1,171.15
*	Voya Fixed Account (4450)	Insurance Company General Account		\$1,999,129.76
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$78,089.09
	LOAN FUND	Participant Loans - Rates 3.25% to 8.50%		\$458,169.06
	TOTAL			\$29,736,787.76

* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

POLYCHEM, LLC
401(K) PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

POLYCHEM, LLC 401(K) PLAN
Mentor, Ohio

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Polychem, LLC 401(k) Plan
Mentor, Ohio

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

We have performed audits of the financial statements of Polychem, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical 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 on the financial statements.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the 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 the Plan's ability to continue as a going concern for one year from 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

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

- 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 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.

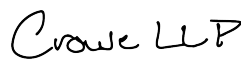
Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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


Crowe LLP

Houston, Texas
July 17, 2026

POLYCHEM, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 27,279,489	\$ 23,776,012
Investment, at contract value	1,999,130	1,905,548
Receivables:		
Participant contributions	20	2,989
Employer contributions	20	4,092
Notes receivable from participants	458,169	503,680
Total receivables	<u>458,209</u>	<u>510,761</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 29,736,828</u></u>	<u><u>\$ 26,192,321</u></u>

See accompanying notes to financial statements.

POLYCHEM, LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions

Investment income	
Net appreciation in fair value of investments	\$ 2,755,617
Interest and dividends	<u>1,337,346</u>
Total investment income	4,092,963
 Interest income on notes receivable from participants	 38,091
 Contributions:	
Participants	1,310,264
Employer	845,315
Rollovers	<u>283,615</u>
Total contributions	<u>2,439,194</u>
 Total additions	 6,570,248

Deductions

Benefits paid to participants	2,921,911
Administrative expenses	<u>103,830</u>
Total deductions	<u>3,025,741</u>

Net increase 3,544,507

Net assets available for benefits, beginning of year 26,192,321

Net assets available for benefits, end of year \$ 29,736,828

See accompanying notes to financial statements.

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN

The following description of Polychem, LLC 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Polychem, LLC (Plan Sponsor and Plan Administrator) and its affiliates, Polychem OMS Systems, LLC; and UltePET, LLC (UltePET) (collectively, the Company). The Plan was originally established on January 1, 1983 and was most recently amended and restated effective January 1, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility: Employees of the Company who have attained the age of 18 are eligible to participate in the Plan beginning on the first day of the month following completion of 3 months of service, provided they are not non-resident aliens and not leased employees.

Contributions: Participants may elect to defer up to 90% of their compensation on a pre-tax or after-tax basis. Employees who have not declined participation in writing or completed a salary deferral agreement as of the date of their eligibility to participate in the Plan will be automatically enrolled in the Plan with a deferral rate of 1% in a fund designated by the Plan Administrator until changed by the participant. Deferral rates of employees who have been automatically enrolled will increase annually by 1% up to a maximum of 5% on July 1st of each year. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year.

The Plan provides for safe harbor matching contributions to eligible participants, which is equal to 100% of the first 5% of eligible compensation (as defined by the Plan) that a participant contributes to the Plan. The Company may also contribute nonelective employer contributions and discretionary profit sharing contributions for participants with 1,000 hours of service and employed on the last day of the Plan year. There were no nonelective employer or profit sharing contributions to the Plan during the year ended December 31, 2025.

Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations. Participants may also invest in self-directed accounts through Charles Schwab.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions, (b) Plan earnings and losses, and (c) forfeitures of employer profit sharing contributions, and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant contributions, eligible compensation, participant account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vesting: Participants are immediately vested in their deferral and rollover contributions, and Company safe harbor matching and nonelective contributions plus actual earnings thereon. Discretionary employer matching contributions of UltePET employees that were transferred into the Plan in 2022 vest at a rate of 20% after one full year of credited service and will be 100% vested after five years of credited service. Discretionary employer matching contributions of all other participants vest based on years of continuous service at a rate of 33% after one full year of credited service and will be 100% vested after three years of credited service.

Payment of Benefits: Upon attaining age 59½ or upon termination of service, a participant or their beneficiary upon the death of a participant, may elect to receive a lump-sum amount equal to the participant's account valuation on the date of distribution. If the value of the vested benefits credited to a participant's account is \$5,000 or less at the time of termination, the entire amount will be automatically distributed without the participant's consent. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator.

Active participants may make hardship withdrawals of their elective deferral account balances, subject to Plan provisions.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance subject to certain Department of Labor and IRS requirements. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the vested balances in the participant's accounts and bear interest at the prime rate. Interest rates of notes receivable ranged from 3.25% to 8.50% at December 31, 2025. Principal and interest are paid ratably through weekly payroll deductions.

Forfeitures: Forfeitures are used to pay Plan expenses or reduce future employer contributions to the Plan. Unallocated forfeiture balances as of December 31, 2025 and 2024 were \$98,475 and \$80,516, respectively.

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 total participant account balances.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through July 17, 2026, which is the date the financial statements were available to be issued.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: The Plan's investments, other than the fully benefit responsive investment contract, are reported at fair value as further described in Notes 4 and 5. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits: Benefits are recorded when paid.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of 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 3 – CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Self Directed Brokerage Account: Primarily consists of mutual funds and common stocks that are determined by obtaining quoted prices on nationally recognized securities exchange (Level 1 inputs).

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

	2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self Directed Brokerage Account	\$ 406,985	\$ -	\$ -	\$ 406,985
Mutual funds	<u>26,872,504</u>	<u>-</u>	<u>-</u>	<u>26,872,504</u>
Total investments at fair value	<u>\$ 27,279,489</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27,279,489</u>
	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 23,776,012</u>	<u>\$ -</u>	<u>\$ -</u>	<u>23,776,012</u>
Total investments at fair value	<u>\$ 23,776,012</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,776,012</u>

(Continued)

NOTE 5 – GUARANTEED INVESTMENT CONTRACT

The Plan maintains a fully benefit-responsive guaranteed investment contract (GIC) with Voya Retirement Insurance and Annuity Company (VRIAC), held within the Plan's Fixed Account investment option. This contract is issued through Voya's general account and meets the criteria for reporting at contract value in accordance with ASC 962-325.

Under the terms of the contract, interest is credited daily and compounded annually at a rate declared periodically by VRIAC, which will not fall below the guaranteed minimum interest rate of 1.00% annually. Rate adjustments may occur at any time, but VRIAC will not decrease the rate more than once in any three-month period from the effective date of a change. Participants may generally direct withdrawals from the Fixed Account at contract value for benefit payments due to retirement, separation from service, hardship, disability, death, or in-service withdrawals allowed by the Plan. These are not subject to market value adjustments or surrender charges when classified as benefit payments. Surrenders initiated by the employer (e.g., upon contract termination or plan merger) may be subject to a Market Value Adjustment (MVA) and surrender charge, unless paid out via spread payments.

If the contract is surrendered in a lump sum (i.e., as a single payment), a Market Value Adjustment (MVA) may apply. The MVA formula is based on the movement of a custom blend of Barclays Fixed Income Indices and the time elapsed since the contributions were deposited. The MVA may reduce the amount available for distribution and is applied before the surrender charge.

Alternatively, the employer may elect to receive the Fixed Account Surrender Value via spread payments, which are equal principal payments (plus interest) over a period of up to 60 months. Spread payments are not subject to the MVA, and interest continues to accrue during the payout period at rates consistent with the contract's guaranteed terms.

Transfers from the Fixed Account to other plan investment options are subject to liquidity constraints and timing restrictions. Notably, transfers to competing investment options are not permitted if a transfer or withdrawal from the Fixed Account occurred in the prior 90 days. Direct transfers from the Fixed Account are limited to 10% of the Fixed Account balance annually unless otherwise approved by VRIAC. VRIAC may restrict or cease transfers into the Fixed Account with 90 days' notice.

VRIAC retains the right to terminate the contract and distribute the account value (without MVA or surrender charge) after the earlier of one year after contributions cease, or five years from the contract's effective date, with 90 days' advance notice to the Plan sponsor. Upon such termination, VRIAC may convert the balance to another contract or distribute proceeds as a single lump sum.

The Fixed Account is reported at contract value, which represents contributions made to the contract, plus interest earned, less participant withdrawals and administrative expenses. As of December 31, 2025 and 2024, the contract value was \$1,999,130 and \$1,905,548, respectively. The Fixed Account is backed by VRIAC's general account, which is primarily invested in high-quality, intermediate-term fixed income securities designed to preserve principal and provide a stable return. Plan management has evaluated the contract and concluded that no events are currently probable that would limit the Plan's ability to transact at contract value with the issuer.

(Continued)

POLYCHEM, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds an unallocated investment contract with VRIAC. VRIAC and its affiliates are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to VRIAC and its affiliates qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions.

NOTE 7 - TAX STATUS

The Internal Revenue Service issued an opinion letter dated June 30, 2020 indicating that the non-standardized pre-approved plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended from the original non-standardized pre-approved plan document, Plan management believes that the Plan is currently being operated in accordance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 29,736,828	\$ 26,192,321
Participant contributions receivable	(20)	(2,989)
Employer contributions receivable	<u>(20)</u>	<u>(4,092)</u>
Net assets per the Form 5500	<u>\$ 29,736,788</u>	<u>\$ 26,185,240</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2025, per the financial statements to the net income reported in the 2025 Form 5500:

Net increase per the financial statements	\$ 3,544,507
Change in participant contributions receivable	2,969
Change in employer contributions receivable	<u>4,072</u>
Net income per the Form 5500	<u>\$ 3,551,548</u>

SUPPLEMENTAL SCHEDULES

POLYCHEM, LLC 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: Polychem, LLC
Employee Identification Number: 34-1570807
Three-digit Plan Number: 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Charles Schwab PCRA	Self Directed		
		Brokerage Account	** \$	406,985
	American Funds American Mutual Fund R6	Mutual fund	**	116,666
	American Funds U.S. Government Securities Fund Sec R6	Mutual fund	**	1,010,405
	DFA International Core Equity 2 Portfolio Insurance Fund	Mutual fund	**	1,043,690
	DFA U.S. Targeted VI Portfolio Insurance Fund	Mutual fund	**	365,511
	Fidelity Long Term Treasury Bond Index Fund	Mutual fund	**	59,326
	Fidelity 500 Index Fund	Mutual fund	**	4,216,071
	Fidelity Balanced Fund K	Mutual fund	**	4,914,075
	Fidelity Contrafund Fund K6	Mutual fund	**	6,263,167
	Fidelity Mid Cap Index Fund	Mutual fund	**	4,980
	Invesco Discovery Mid Cap Growth Fund R6	Mutual fund	**	413,478
	Neuberg Berman Small Cap Growth Fund R6	Mutual fund	**	414,887
	PIMCO Income Fund Institutional Class	Mutual fund	**	432,045
	PIMCO International Bond Fund (U.S. Dollar-Hedged)	Mutual fund	**	224,845
	Vanguard Small Cap Index Fund Admiral Class	Mutual fund	**	55,934
	Vanguard Target Retirement 2020 Fund	Mutual fund	**	188,833
	Vanguard Target Retirement 2025 Fund	Mutual fund	**	1,071,189
	Vanguard Target Retirement 2030 Fund	Mutual fund	**	879,696
	Vanguard Target Retirement 2035 Fund	Mutual fund	**	1,150,999
	Vanguard Target Retirement 2040 Fund	Mutual fund	**	615,547
	Vanguard Target Retirement 2045 Fund	Mutual fund	**	650,517
	Vanguard Target Retirement 2050 Fund	Mutual fund	**	1,283,272
	Vanguard Target Retirement 2055 Fund	Mutual fund	**	604,328
	Vanguard Target Retirement 2060 Fund	Mutual fund	**	434,841
	Vanguard Target Retirement 2065 Fund	Mutual fund	**	317,589
	Vanguard Target Retirement 2070 Fund	Mutual fund	**	61,354
	Vanguard Target Retirement Income Fund	Mutual fund	**	1,170
*	Voya Government Money Market Fund A	Mutual fund	**	78,089
*	Voya Fixed Account	Guaranteed		
		Investment Contract	**	1,999,130
*	Notes receivable from participants	Interest rate range: 3.25% - 8.50%	**	458,169
	Total assets			<u>\$ 29,736,788</u>

* Represent a party-in-interest to the Plan.

** Cost omitted for participant-directed investments.

See independent auditor's report.

POLYCHEM, LLC 401(K) PLAN
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: Polychem, LLC
Employee Identification Number: 34-1570807
Three-digit Plan Number: 001

Year-end	Check here if late participant loan repayments are included:	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
12/31/2018		\$ 1,577 ¹	\$ -	\$ -	\$ -
12/31/2020		199,015 ²	-	-	-
12/31/2021	X	24,543 ³	-	-	-
12/31/2022	X	89,263 ⁴	-	-	-
12/31/2023	X	54,678 ⁵	-	-	-
		<u>\$ 369,076</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

¹ During 2018, the Company did not timely remit employee contributions to the trustee totaling \$1,577. As of December 31, 2025, the participant deferrals and lost earnings associated with these delinquent contributions have not been remitted to the Plan.

² During 2020, the Company did not timely remit employee contributions to the trustee totaling \$199,015. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

³ During 2021, the Company did not remit employee contributions totaling \$2,646 and did not timely remit employee contributions and loan repayments to the trustee totaling \$21,897. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

⁴ During 2022, the Company did not remit \$6,131 of employee contributions to the trustee and did not timely remit employee contributions and loan repayments to the trustee totaling \$83,132. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

⁵ During 2023, the Company did not remit \$1,706 of employee contributions to the trustee and did not timely remit employee contributions and loan repayments to the trustee totaling \$52,972. As of December 31, 2025, the lost earnings associated with these delinquent contributions have not been remitted to the Plan.

See independent auditor's report.