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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |
| 1a      | Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                | 1b Three-digit plan number (PN) ▶ 001                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                                          | 1c Effective date of plan<br>11/01/1963                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>AMERICAN CHEMICAL SOCIETY<br><br>OFFICE OF THE TREASURER<br>1155 16TH ST NW ROOM 333<br>WASHINGTON, DC 20036-4839 | 2b Employer Identification Number (EIN)<br>53-0196572<br><br>2c Plan Sponsor's telephone number<br>202-872-4446<br><br>2d Business code (see instructions)<br>541990 |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| 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. | 08/11/2026 | JORDAN LEVINE                                                |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>AMERICAN CHEMICAL SOCIETY<br><br>OFFICE OF THE TREASURER<br>1155 16TH ST NW<br>WASHINGTON, DC 20036-4839                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br>52-1095711<br><br><b>3c</b> Administrator's telephone number<br>202-872-4446<br><br><div style="background-color: #cccccc; height: 40px;"></div>                                                                                                                           |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 2343                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px;"></div><br><div style="background-color: #cccccc; height: 20px;"></div><br><b>6a(1)</b> 547<br><b>6a(2)</b> 487<br><b>6b</b> 1314<br><b>6c</b> 284<br><b>6d</b> 2085<br><b>6e</b> 209<br><b>6f</b> 2294<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                    |

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025                                         |                                                                                                                                                  |
| ► Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                                                                        | B Three-digit plan number (PN) ► 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AMERICAN CHEMICAL SOCIETY                                     | D Employer Identification Number (EIN)<br>53-0196572                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 11 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 513833349                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 513833349                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 1524                       | 453844742                 | 453844742                |
| b      | For terminated vested participants                                                                                                                                                               | 303                        | 20533240                  | 20533240                 |
| c      | For active participants                                                                                                                                                                          | 547                        | 68284091                  | 68849512                 |
| d      | Total                                                                                                                                                                                            | 2374                       | 542662073                 | 543227494                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.03 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 1733000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 1733000                   |                          |

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

|                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>GEORGE S. MARINO</div> <div>Type or print name of actuary</div> <div>FIDELITY INVESTMENTS</div> <div>Firm name</div> <div>245 SUMMER STREET, V1B<br/>BOSTON, MA 02210</div> <div>Address of the firm</div> | <div>07/01/2026</div> <div>Date</div> <div>26-07701</div> <div>Most recent enrollment number</div> <div>617-563-5216</div> <div>Telephone number (including area code)</div> |
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|                |                                                            |
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| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
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|           |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 42470598               |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   |                       | 7321135                |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 35149463               |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>17.78</u> % .....                                                                                          | 0                     | 6249575                |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> % ..... |                       | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 41399038               |

| Part III | Funding Percentages |
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|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 86.96 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 86.96 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 90.00 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

## Part IV Contributions and Liquidity Shortfalls

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

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

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

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

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|           |                                                                                                                                                                                    |                   |                   |                   |                                                                |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> | Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
|           | <b>a</b> Segment rates:                                                                                                                                                            | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
|           | <b>b</b> Applicable month (enter code) .....                                                                                                                                       |                   |                   |                   | <b>21b</b>                                                     |
| <b>22</b> | Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 64                                                   |
| <b>23</b> | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|           |                                                                                                                                                             |                                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> | Demographic and benefit information                                                                                                                         |                                                                     |
|           | <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|           | <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|           |                                                                                                                           |           |   |
|-----------|---------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> | Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> | Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|           |                                                                                                                                                                            |                     |                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> | Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
|           | <b>a</b> Target normal cost (line 6c) .....                                                                                                                                | <b>31a</b>          | 1733000            |
|           | <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                 | <b>31b</b>          | 0                  |
| <b>32</b> | Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
|           | <b>a</b> Net shortfall amortization installment .....                                                                                                                      | 70793183            | 6736697            |
|           | <b>b</b> Waiver amortization installment .....                                                                                                                             | 0                   | 0                  |
| <b>33</b> | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 8469697            |
|           |                                                                                                                                                                            | Carryover balance   | Prefunding balance |
| <b>35</b> | Balances elected for use to offset funding requirement .....                                                                                                               |                     | 8469697            |
| <b>36</b> | Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |
| <b>37</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |
| <b>38</b> | Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
|           | <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                             | <b>38a</b>          | 0                  |
|           | <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                      | <b>38b</b>          |                    |
| <b>39</b> | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> | Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

|                                                                                                                   |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN</div>                         | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>AMERICAN CHEMICAL SOCIETY</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>53-0196572</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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 |
| THE BANK OF NEW YORK MELLON                                                                                |
| 13-5160382                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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**(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)

PIMCO

95-2632339

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INV. MGT                                                                                          | 1114799                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CALLAN LLC

94-2192581

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INV. MGT                                                                                          | 35497                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAPITAL GUARDIAN

95-6597294

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INV. MGT                                                                                          | 17656                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BLACKROCK INST. TRUST CO, NA

94-6581660

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INV. MGT                                                                                          | 9780                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |  |                                                      |
|--------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |  |                                                      |
| A Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                                |  | B Three-digit plan number (PN) ▶ 001                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AMERICAN CHEMICAL SOCIETY |  | D Employer Identification Number (EIN)<br>53-0196572 |

|                                                                                        |                                                                                                                                                                           |                                                                                                       |  |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                 | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND                        |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 94-3302956-001                                                                | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37647618 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INSTITUTIONAL TRUST CO               |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): EAFE EQUITY INDEX FUND                      |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 94-6596958-001                                                                | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20828843 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND                   |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON                 |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 25-6078093-023                                                                | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24793608 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                             |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                               | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                             |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                               | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                             |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                               | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                             |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                               | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

|                                                                                     |                                                      |
|-------------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                         | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMERICAN CHEMICAL SOCIETY | D Employer Identification Number (EIN)<br>53-0196572 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 111187534             | 348359          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 210422870             | 22556037        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 128820593             | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 184847649             | 1929464         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 44047176              | 83270069        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 54325249              | 383823019       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 35574157              | 14260245        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 769225228             | 506187193       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 255391882             | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 255391882             | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 513833346             | 506187193       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 64412      |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 1185567    |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 14417187   |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 3655638    |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 19322804  |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 2049243    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 2049243   |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 3483779752 |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 3473599707 |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | -1204159   |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 10032034  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1335678   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 103248    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 41818893  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 46513564 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 46513564 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1177731  |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 108      |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 1773643  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 2951482  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 49465046 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -7646153 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 578443.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMERICAN CHEMICAL SOCIETY                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>53-0196572                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 26-6263970                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               | 14  |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

**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: 88.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 10.0 %

High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 2.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: \_\_\_\_\_

## **Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

|                                                                                                                                                                                                                |                                                                                                |  |                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|--|
| <b>Structured Attachment</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Schedule SB, line 26b</b><br><b>Schedule of Projection of Expected<br/>Benefit Payments</b> |  | <b>2024</b>                               |  |  |
|                                                                                                                                                                                                                |                                                                                                |  | This Form is Open to<br>Public Inspection |  |  |
|                                                                                                                                                                                                                |                                                                                                |  |                                           |  |  |
|                                                                                                                                                                                                                |                                                                                                |  |                                           |  |  |

|                             |                                           |                           |            |            |            |           |     |
|-----------------------------|-------------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 11/01/2024                                | <b>Plan Year End Date</b> | 10/31/2025 | <b>EIN</b> | 53-0196572 | <b>PN</b> | 001 |

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total    |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|----------|
| 2024      | 1464882             | 680065                         | 44743824                                                  | 46888771 |
| 2025      | 1659985             | 616777                         | 43778451                                                  | 46055213 |
| 2026      | 2352038             | 821357                         | 42662768                                                  | 45836163 |
| 2027      | 3207540             | 811686                         | 41488866                                                  | 45508092 |
| 2028      | 3647539             | 872868                         | 40339765                                                  | 44860172 |
| 2029      | 4048286             | 1208490                        | 39029624                                                  | 44286400 |
| 2030      | 4428231             | 1049081                        | 37575305                                                  | 43052617 |
| 2031      | 4792474             | 1506049                        | 36039610                                                  | 42338133 |
| 2032      | 5175228             | 1360632                        | 34386087                                                  | 40921947 |
| 2033      | 5488994             | 1426574                        | 32652391                                                  | 39567959 |
| 2034      | 5600908             | 1639274                        | 30840597                                                  | 38080779 |
| 2035      | 5841583             | 1651587                        | 28964868                                                  | 36458038 |
| 2036      | 5923064             | 1583988                        | 27053146                                                  | 34560198 |
| 2037      | 5830934             | 1898374                        | 25101086                                                  | 32830394 |
| 2038      | 5838818             | 1598669                        | 23146786                                                  | 30584273 |
| 2039      | 5725831             | 1636445                        | 21227610                                                  | 28589886 |
| 2040      | 5660993             | 1812544                        | 19352844                                                  | 26826381 |
| 2041      | 5555155             | 1689392                        | 17535063                                                  | 24779610 |
| 2042      | 5442935             | 1601447                        | 15787100                                                  | 22831482 |
| 2043      | 5241976             | 1531235                        | 14112638                                                  | 20885849 |
| 2044      | 5016767             | 1465531                        | 12523738                                                  | 19006036 |
| 2045      | 4935605             | 1467188                        | 11033538                                                  | 17436331 |
| 2046      | 4668988             | 1342806                        | 9647725                                                   | 15659519 |
| 2047      | 4369996             | 1354284                        | 8369149                                                   | 14093429 |
| 2048      | 4134076             | 1257988                        | 7199725                                                   | 12591789 |

|                             |                                           |                           |            |            |            |           |     |
|-----------------------------|-------------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 11/01/2024                                | <b>Plan Year End Date</b> | 10/31/2025 | <b>EIN</b> | 53-0196572 | <b>PN</b> | 001 |

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total    |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|----------|
| 2049      | 3893994             | 1208358                        | 6140091                                                   | 11242443 |
| 2050      | 3588527             | 1154378                        | 5189415                                                   | 9932320  |
| 2051      | 3381061             | 1095961                        | 4345442                                                   | 8822464  |
| 2052      | 3075346             | 1033018                        | 3604468                                                   | 7712832  |
| 2053      | 2777901             | 966426                         | 2961394                                                   | 6705721  |
| 2054      | 2512468             | 897013                         | 2409896                                                   | 5819377  |
| 2055      | 2255763             | 825350                         | 1942687                                                   | 5023800  |
| 2056      | 2004073             | 752254                         | 1551836                                                   | 4308163  |
| 2057      | 1764027             | 678954                         | 1229046                                                   | 3672027  |
| 2058      | 1539797             | 606662                         | 965938                                                    | 3112397  |
| 2059      | 1331548             | 536523                         | 754267                                                    | 2622338  |
| 2060      | 1140640             | 469637                         | 586182                                                    | 2196459  |
| 2061      | 967761              | 406920                         | 454414                                                    | 1829095  |
| 2062      | 813104              | 348848                         | 352404                                                    | 1514356  |
| 2063      | 676457              | 295691                         | 274391                                                    | 1246539  |
| 2064      | 557161              | 247661                         | 215413                                                    | 1020235  |
| 2065      | 454252              | 204963                         | 171300                                                    | 830515   |
| 2066      | 366551              | 167620                         | 138611                                                    | 672782   |
| 2067      | 292699              | 135408                         | 114564                                                    | 542671   |
| 2068      | 231238              | 108029                         | 96954                                                     | 436221   |
| 2069      | 180709              | 85109                          | 84053                                                     | 349871   |
| 2070      | 139677              | 66201                          | 74541                                                     | 280419   |
| 2071      | 106770              | 50832                          | 67429                                                     | 225031   |
| 2072      | 80711               | 38526                          | 61993                                                     | 181230   |
| 2073      | 60335               | 28817                          | 57716                                                     | 146868   |

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**FINANCIAL STATEMENTS AND**  
**ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**  
**YEARS ENDED OCTOBER 31, 2025 AND 2024**



CPAs | CONSULTANTS | WEALTH ADVISORS

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## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
American Chemical Society Retirement Plan  
Washington, DC

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of American Chemical Society Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of accumulated plan benefits as of October 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and the statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of October 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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 American Chemical Society Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Plan Administrator  
American Chemical Society Retirement Plan

- 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 American Chemical Society Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about American Chemical Society Retirement 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 audits.

***Other Matters - Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of October 31, 2025 and the schedule of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Plan Administrator  
American Chemical Society Retirement Plan

In our opinion:

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

**CliftonLarsonAllen LLP**

Livingston, New Jersey  
August 4, 2026

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**OCTOBER 31, 2025 AND 2024**

|                                          | <u>2025</u>                  | <u>2024</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| <b>INVESTMENTS (at Fair Value)</b>       |                              |                              |
| U.S. Government Agency Securities        | \$ 22,556,037                | \$ 210,422,870               |
| Corporate Fixed Income Securities        | 1,929,464                    | 321,143,641                  |
| Other Fixed Income Securities            | 72,498                       | 26,442,082                   |
| Derivative Assets, Net                   | 2,501,926                    | 1,656,676                    |
| Collective Trust Funds                   | 83,270,069                   | 44,047,176                   |
| Registered Investment Company Funds      | 383,823,019                  | 54,325,249                   |
| Total Investments (at Fair Value)        | <u>494,153,013</u>           | <u>658,037,694</u>           |
| <b>ACCRUED INVESTMENT INCOME</b>         | 348,353                      | 5,329,731                    |
| <b>ACCOUNTS RECEIVABLE</b>               |                              |                              |
| Securities Sold Pending Settlement       | 6                            | 105,857,803                  |
| Due from Broker                          | 11,685,821                   | -                            |
| Total Accounts Receivable                | <u>11,685,827</u>            | <u>105,857,803</u>           |
| Total Assets                             | 506,187,193                  | 769,225,228                  |
| <b>LIABILITIES</b>                       |                              |                              |
| <b>ACCOUNTS PAYABLE</b>                  |                              |                              |
| Securities Purchased Pending Settlement  | <u>-</u>                     | <u>255,391,882</u>           |
| Total Liabilities                        | <u>-</u>                     | <u>255,391,882</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 506,187,193</u></u> | <u><u>\$ 513,833,346</u></u> |

See accompanying Notes to Financial Statements.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED OCTOBER 31, 2025 AND 2024**

|                                               | <u>2025</u>                  | <u>2024</u>                  |
|-----------------------------------------------|------------------------------|------------------------------|
| <b>ADDITIONS:</b>                             |                              |                              |
| <b>INVESTMENT INCOME</b>                      |                              |                              |
| Interest Income                               | \$ 19,322,804                | \$ 19,238,918                |
| Dividend Income                               | 2,049,243                    | 2,673,334                    |
| Net Appreciation in Fair Value of Investments | <u>20,446,846</u>            | <u>60,892,857</u>            |
| Total Investment Income                       | <u>41,818,893</u>            | <u>82,805,109</u>            |
| Total Additions                               | 41,818,893                   | 82,805,109                   |
| <b>DEDUCTIONS:</b>                            |                              |                              |
| <b>INVESTMENT EXPENSES</b>                    | 1,177,839                    | 961,463                      |
| <b>BENEFITS PAID TO PARTICIPANTS</b>          | 46,513,564                   | 54,962,070                   |
| <b>ADMINISTRATIVE EXPENSES</b>                | <u>1,773,643</u>             | <u>1,858,098</u>             |
| Total Deductions                              | <u>49,465,046</u>            | <u>57,781,631</u>            |
| <b>NET INCREASE (DECREASE)</b>                | (7,646,153)                  | 25,023,478                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>     |                              |                              |
| Beginning of Year                             | <u>513,833,346</u>           | <u>488,809,868</u>           |
| End of Year                                   | <u><u>\$ 506,187,193</u></u> | <u><u>\$ 513,833,346</u></u> |

See accompanying Notes to Financial Statements.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
OCTOBER 31, 2025 AND 2024**

|                                                                       | <u>2025</u>                  | <u>2024</u>                  |
|-----------------------------------------------------------------------|------------------------------|------------------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS:</b>      |                              |                              |
| <b>VESTED BENEFITS</b>                                                |                              |                              |
| Retired Employees Currently Receiving Benefits                        | \$ 440,078,767               | \$ 453,354,630               |
| Active Employees                                                      | 56,232,486                   | 69,742,668                   |
| Terminated Employees                                                  | <u>19,612,434</u>            | <u>21,049,152</u>            |
| Total Vested Benefits                                                 | 515,923,687                  | 544,146,450                  |
| <b>NONVESTED BENEFITS</b>                                             | <u>581,220</u>               | <u>579,939</u>               |
| <b>TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS</b> | <u><u>\$ 516,504,907</u></u> | <u><u>\$ 544,726,389</u></u> |

See accompanying Notes to Financial Statements.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEARS ENDED OCTOBER 31, 2025 AND 2024**

|                                                                                     | <u>2025</u>                  | <u>2024</u>                  |
|-------------------------------------------------------------------------------------|------------------------------|------------------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN<br/>BENEFITS - BEGINNING OF YEAR</b> | \$ 544,726,389               | \$ 507,684,259               |
| <b>Increase (Decrease) During the Year Attributable to:</b>                         |                              |                              |
| Interest Accumulation                                                               | 26,609,699                   | 31,145,119                   |
| Other                                                                               | 2,670,113                    | 3,003,528                    |
| Change in Actuarial Assumptions                                                     | (10,987,730)                 | 57,855,553                   |
| Benefit Payments                                                                    | <u>(46,513,564)</u>          | <u>(54,962,070)</u>          |
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN<br/>BENEFITS - END OF YEAR</b>       | <u><u>\$ 516,504,907</u></u> | <u><u>\$ 544,726,389</u></u> |

*See accompanying Notes to Financial Statements.*

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of the American Chemical Society Retirement 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 noncontributory defined-benefit pension plan covering all employees of the American Chemical Society (the Society). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All assets of the Plan are held by BNY Mellon, the trustee under the American Chemical Society Trust Agreement. Investments of the Plan are directed by the Pensions and Investments (P&I) Committee. The trustee makes disbursements to participants and beneficiaries of the Plan upon written instruction from the P&I Committee, which is otherwise responsible for the administration of the Plan. The P&I Committee is appointed by the Chairman of the Board of Directors of the Society.

Effective October 31, 2009, the Plan was frozen. The Plan provides benefits under two formulas: the final average pay formula and the cash balance formula (discussed below). For participants with accrued benefits under the final average pay formula, years of service and earnings were frozen as of October 31, 2009. For participants with accrued benefits under the cash balance formula, pay credits ceased after the last full pay period in October 2009. However, cash balance accounts continue to receive interest credits in accordance with the Plan's provisions. Vested participants under either benefit formula remain entitled to their accrued benefits and become eligible for distribution upon termination of employment, subject to the terms of the Plan.

**Pension Benefits**

Prior to January 1, 2008, employees who completed five years of service are fully vested and entitled to pension benefits upon reaching the Plan's normal retirement age of 65. On or after January 1, 2008, employees who completed three years of service are fully vested and entitled to pension benefits upon reaching the Plan's normal retirement age of 65. Employees who terminate employment before completing the years of service required for full vesting forfeit their right to receive pension benefits under the Plan.

The final average pay benefit is determined based on a participant's years of service, age at retirement, highest average annual earnings during any 36 consecutive months within the final 120 months of employment, and covered compensation. Covered compensation represents the average Social Security wage base for the 35-year period preceding the participant's eligibility for full Social Security benefits. For purposes of calculating the benefit, a maximum of 30 years of service may be taken into account.

Effective November 1, 2001, the Society amended the Plan to provide a cash balance benefit for all employees hired on or after the effective date. Active participants as of October 31, 2001, were given a one-time election to either continue accruing benefits under the final average pay formula or transition to the cash balance benefit formula for future benefit accruals. Participants who elected to transition to the cash balance formula receive benefits determined under both formulas.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Pension Benefits (Continued)**

Benefits attributable to service earned prior to November 1, 2001, are calculated under the final average pay formula, while benefits attributable to service earned on and after November 1, 2001, are calculated under the cash balance formula.

Effective September 1, 2007, the Plan was closed to new participants. During October and November of 2007, the Society offered current participants in the Plan the choice of continuing in the Plan or, effective January 1, 2008, waiving rights to future benefit accruals under the Plan in return for the right to be credited with basic contributions by the Society under the American Chemical Society Defined Contribution Retirement Plan (known as the American Chemical Society Employee Savings Plan before January 1, 2008). All employees hired on or after September 1, 2007, participate in the American Chemical Society Defined Contribution Retirement Plan.

Participants who accrue benefits under the cash balance formula continue to receive interest credits on their frozen account balances as of October 31, 2009. The interest credit rates applied to these balances were 4.04% and 4.47% for the plan years ended October 31, 2025 and 2024, respectively.

Prior to November 1, 2009, benefits under the cash balance formula were calculated by crediting each participant's account monthly with an amount equal to 7% of the participant's monthly earnings. Effective November 1, 2009, account balances were no longer increased by pay credits but continued to be increased with interest credits. Monthly interest credits are based on the 30-year U.S. Treasury bond rate.

Participants who accrue benefits under the final average earnings formula may elect early retirement upon reaching age 55, provided they have completed at least 10 years of service. Participants who accrue benefits under the cash balance formula become eligible to receive their benefits upon termination or retirement. Under either benefit formula, participants may elect to receive their pension benefits in one of several available payment forms. Each payment option is designed to provide substantially equal value over the life times of the participant and, where applicable, the participant's beneficiary.

Effective March 16, 2024, the Plan was amended to offer a one-time lump sum distribution window to certain terminated vested participants. The election window was available from June 3, 2024, through approximately July 18, 2024,

**Death and Disability Benefits**

If a participant covered under the final average earnings formula dies before retirement and is either unmarried or has been married for less than one year, the participant's designated beneficiary is entitled to a lump-sum benefit equal to the equivalent value, as of the date of death, of the deferred vested retirement benefit the participant would have received at normal retirement age. If the participant had been married for at least one year at the time of death, the surviving spouse is entitled to a life annuity based on the joint and 50% survivor annuity form of payment. This benefit is payable immediately if the participant has attained age 55 and completed 10 years of service at the time of death. Otherwise, the annuity becomes payable on the date the participant would have been eligible for early retirement.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Death and Disability Benefits (Continued)**

In addition, the surviving spouse is entitled to a lump-sum benefit equal to the excess, if any, of the equivalent value of the participant's deferred vested retirement benefit as of the date of death the over the equivalent value of the surviving spouse annuity mentioned above.

If a participant covered under the cash balance formula dies before retirement, the designated beneficiary is entitled to the same benefit that would have been payable had the participant retired on the date of death.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The Plan's financial statements have been prepared on the accrual basis of accounting.

**Use of 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 the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Due from Broker**

Due from broker represents cash held at the broker and cash margin deposited with the counterparty (BNY) in connection with the Trust's/Plan's open derivative and investment transactions. Amounts include cash pledged as collateral to satisfy initial and variation margin requirements on open futures and swap contracts. These balances are carried at cost, which approximates fair value, and are presented separately from investments in the statement of net assets.

**Investment Valuation and Income Recognition**

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of investments and derivative instruments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned.

The Plan utilizes various investment instruments including domestic and foreign equities, fixed income securities, and financial derivatives. Investment securities and derivative instruments, in general, are exposed to various risks, such as interest rate, credit, liquidity, and overall market risk. Due to the level of risk associated with certain investment securities and derivative instruments, it is at least reasonably possible that changes in the values of investment securities may occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investment Valuation and Income Recognition (Continued)**

The Plan may sell a security it does not own in anticipation of a decline in the fair value of that security. When the Plan sells security shorts, it must borrow the security in order to do so. The Plan has recorded this obligation in the financial statements at the fair value of those securities, which are identified as securities sold, not yet purchased. A gain, limited to the price at which the Plan sold security shorts, or a loss, unlimited in amount, will be recognized upon the termination of a short sale. There is an element of market risk in that, if the securities increase in value, it will be necessary to purchase the securities at a cost in excess of the price reflected in the Statements of Net Assets Available for Plan Benefits.

Securities sold, not yet purchased by the Plan, may give rise to an off-balance sheet risk. Off-balance sheet risk exists when the maximum potential loss on a particular investment is greater than the value of such investment as reflected in the Statements of Net Assets Available for Plan Benefits.

The Plan may purchase securities on a delayed delivery (TBA securities), when issued, or on a forward commitment basis. Payment and delivery may take place one month or more after the date of the transaction. The price of the underlying securities and the date when the securities will be delivered and paid for are fixed at the time the transaction is negotiated. The underlying securities are valued at current market value with daily fluctuations in the market value included in net appreciation of investments.

The Plan has authorized its investment managers to utilize various derivative instruments, including financial futures, options, interest rate swaps, inflation swaps, and credit default swaps, to either hedge certain risks or alter the exposure to certain asset classes. The Plan has established procedures to monitor and manage the use of these derivative instruments and the related market, interest, and counterparty credit risks. These derivative instruments are recognized at fair value, within investments in the Statements of Net Assets Available for Plan Benefits. Changes in fair value are recorded as unrealized investment gains or losses.

**Payment of Benefits**

Benefit payments to participants are made monthly and recorded when paid.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated benefits represent the future periodic payments, including any lump-sum distributions, attributable under the Plan's provisions to services rendered by employees through October 31, 2009. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) deceased beneficiaries of employees, and (c) present employees or their beneficiaries.

Benefits under the Plan are generally based on employees' compensation (see Pension Benefits). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included in the valuation to the extent that they are deemed attributable to employees' service rendered through October 31, 2009. Benefits to be provided through annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The actuarial present value of accumulated benefits was determined by the actuarial firm and equals the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (through decrements for death, disability, termination, or retirement) between the valuation date and anticipated date of payment. The significant actuarial assumptions used in the valuation as of October 31, 2025 and 2024, were:

**Interest Rate**

5.35% and 5.10% compounded annually, as of October 31, 2025 and 2024, respectively.

**Retiree COLA (Cost of Living Adjustment)**

For participants covered under the final average earnings formula, benefits are subject to annual COLAs of up to 5.0%, with a maximum cumulative increase of 50% of the participant's original retirement benefit. The assumed inflation rate used for future periods was 2.25% for the Plan years ended October 31, 2025 and 2024. In addition, a known COLA of 2.7% effective April 1, 2026, is reflected through a one-year select period. Participants covered under the cash balance formula are not eligible for COLA adjustments.

**Interest Rate Credit**

For participants covered under the cash balance formula, the assumed rate for future periods was 3.50% for the years ended October 31, 2025 and 2024. In addition, the known interest crediting rate of 4.74% was used to roll-forward cash balance account balances through a one-year select period.

**Mortality Basis**

For the Plan years ended October 31, 2025 and 2024, the Plan used the PRI-2012 mortality table for employees and healthy annuitants (with a fully generational projection using Scale MP-2021 for healthy lives).

**Retirement Rates**

Terminated vested participants are assumed to retire at age 64. Retirement rates for active participants vary by age, as determined by the prior actuary for the Plan.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
OCTOBER 31, 2025 AND 2024**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Actuarial Present Value of Accumulated Plan Benefits (Continued)**

**Retirement Rates**

| <u>Age</u> | <u>Retirement Rate</u> |
|------------|------------------------|
| 55-60      | 3%                     |
| 61         | 5%                     |
| 62-64      | 10%                    |
| 65         | 15%                    |
| 66         | 20%                    |
| 67         | 30%                    |
| 68         | 25%                    |
| 69         | 20%                    |
| 70         | 30%                    |
| 71         | 75%                    |
| 72+        | 100%                   |

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated plan benefits were made as of November 1. Had the valuations been performed as of October 31, there would be no material differences.

**Tax Status**

The IRS has issued a determination letter to the Society, confirming that the Plan and related trust are designed in accordance with the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended since the issuance of the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, they believe the Plan remains qualified and the related trust continues to be tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) for any uncertain tax position that is not considered more likely than not to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

**Investment and Administrative Expenses**

Investment expenses consist primarily of fees paid to investment advisors based on the value of the investments under management. Administrative expenses consist primarily of premiums paid to the Pension Benefit Guaranty Corporation (PBGC) and investment analytic fees. All other administrative expenses of the Plan are paid by the Society.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Risks and Uncertainties**

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

**Subsequent Events**

The Plan has evaluated subsequent events through August 4, 2026, the date the financial statements were available to be issued.

**NOTE 3 CERTIFIED INVESTMENTS**

The Bank of New York Mellon ("BNY Mellon"), the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of October 31, 2025 and 2024, and investment income for the years then ended, in the accompanying financial statements and ERISA-required supplemental schedules.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 4 FUNDING POLICY**

The Society's contributions are determined annually by the Plan's consulting actuary and are designed such that all employees' benefits will be fully funded by the time they retire. The Society did not make any contributions for the Plan years ending in 2025 and 2024. Additionally, no minimum funding contributions were required for either plan year.

**NOTE 5 FAIR VALUE OF FINANCIAL INSTRUMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at October 31, 2025 and 2024:

*U.S. Government and Government Agency Securities* – Certain U.S. government securities are valued at the closing price reported in the active market in which the security is traded (Level 1 inputs). Other U.S. government and all government agency securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

*Corporate Fixed Income Securities* – Corporate fixed-income securities include, but are not limited to, corporate securities, mortgage-backed securities, and asset-backed securities. Most corporate securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

*Other Fixed Income Securities* – Other fixed income securities include, but are not limited to, municipal bonds, financial futures, options, and interest rate swaps. These securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

*Derivative Assets* – Credit default swaps, inflation swaps, and interest rate swaps are classified as Level 2 as they are not traded on an exchange and their prices are based upon valuation models using observable market data as of the measurement date (Level 2 inputs).

*Collective Trusts Funds* – The fair values of units of collective trusts are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statements dates and recent transaction prices (Level 2 inputs).

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)**

*Registered Investment Company Funds* – Registered investment company funds include domestic fixed income funds. The fair values of shares of domestic fixed income funds are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statements dates and recent transaction prices (Level 2 inputs).

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2025 and 2024 according to the classification hierarchy:

| 2025                                |                   |                       |             |                       |
|-------------------------------------|-------------------|-----------------------|-------------|-----------------------|
|                                     | Level 1           | Level 2               | Level 3     | Total                 |
| U.S. Government Agency Securities   | \$ 139,253        | \$ 22,416,784         | \$ -        | \$ 22,556,037         |
| Corporate Fixed Income Securities   | -                 | 1,929,464             | -           | 1,929,464             |
| Other Fixed Income Securities       | -                 | 72,498                | -           | 72,498                |
| Derivatives                         | -                 | 2,501,926             | -           | 2,501,926             |
| Collective Trust Funds              | -                 | 83,270,069            | -           | 83,270,069            |
| Registered Investment Company Funds | -                 | 383,823,019           | -           | 383,823,019           |
| Total Assets at Fair Value          | <u>\$ 139,253</u> | <u>\$ 494,013,760</u> | <u>\$ -</u> | <u>\$ 494,153,013</u> |

| 2024                                |                       |                       |             |                       |
|-------------------------------------|-----------------------|-----------------------|-------------|-----------------------|
|                                     | Level 1               | Level 2               | Level 3     | Total                 |
| U.S. Government Agency Securities   | \$ 130,035,570        | \$ 80,387,300         | \$ -        | \$ 210,422,870        |
| Corporate Fixed Income Securities   | -                     | 321,143,641           | -           | 321,143,641           |
| Other Fixed Income Securities       | -                     | 26,442,082            | -           | 26,442,082            |
| Derivatives                         | -                     | 1,656,676             | -           | 1,656,676             |
| Collective Trust Funds              | -                     | 44,047,176            | -           | 44,047,176            |
| Registered Investment Company Funds | -                     | 54,325,249            | -           | 54,325,249            |
| Total Assets at Fair Value          | <u>\$ 130,035,570</u> | <u>\$ 528,002,124</u> | <u>\$ -</u> | <u>\$ 658,037,694</u> |

The Plan's investment managers may enter into repurchase agreements (where securities are sold under an agreement to repurchase) and reverse repurchase agreements (where securities are purchased under agreements to resell). There were no repurchase agreements outstanding as of October 31, 2025 and 2024.

The Plan's investment managers may use derivative instruments to manage market risk, capitalize on pricing inefficiencies of securities, or efficiently replicate long or short exposures. Derivatives are not used for speculative purposes or to create leveraged investment positions.

All derivative instruments are carried at fair value and are reported in the Statement of Net Assets Available for Benefits. These instruments are held with 18 different counterparties and are subject to master netting agreements, which permit the offset of net positions and related collateral on a counterparty-by-counterparty basis. The Plan does not have a significant concentration of any derivative exposure with any single counterparty.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)**

The following table provides the fair value of plan asset derivatives as of October 31, 2025 and 2024, and gains and losses for the years ended October 31, 2025 and 2024:

| 2025                 |                       |                     |                       |
|----------------------|-----------------------|---------------------|-----------------------|
|                      | Gross Notional        | Assets              | Liabilities           |
| Credit Default Swaps | \$ 147,795,000        | \$ 3,255,480        | \$ -                  |
| Inflation Swaps      | 226,960,000           | -                   | (753,554)             |
| Total Derivatives    | <u>\$ 374,755,000</u> | <u>\$ 3,255,480</u> | <u>\$ (753,554)</u>   |
|                      |                       |                     | <u>\$ (1,023,766)</u> |

| 2024                 |                       |                     |                     |
|----------------------|-----------------------|---------------------|---------------------|
|                      | Gross Notional        | Assets              | Liabilities         |
| Credit Default Swaps | \$ 55,900,000         | \$ 2,707,564        | \$ -                |
| Interest Rate Swaps  | 408,590,000           | 5,163,804           | -                   |
| Other                | -                     | 1,317,724           | -                   |
| Total Derivatives    | <u>\$ 464,490,000</u> | <u>\$ 9,189,092</u> | <u>\$ -</u>         |
|                      |                       |                     | <u>\$ 4,542,647</u> |

**NOTE 6 PLAN TERMINATION**

Although it has not expressed any intention to do so, the Society has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the Plan's net assets would be allocated, as prescribed by ERISA and its related regulations to provide benefits in the following prescribed order of priority:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, as well as benefits that employees who were eligible to retire during that three-year period would have received had they retired in the Plan's normal form of annuity. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during the three-year period preceding the Plan's termination. The amount is further limited to the lowest benefit payable under the Plan provisions in effect at any time during the five years preceding plan termination.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**OCTOBER 31, 2025 AND 2024**

**NOTE 6 PLAN TERMINATION (CONTINUED)**

1. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
2. All other vested benefits (that is, vested benefits not insured by the PBGC).
3. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive benefits upon a future Plan termination will depend on several factors, including the sufficiency of the Plan's net assets to satisfy accumulated benefit obligations, the statutory priority of benefits to paid under ERISA, the financial condition of the Plan Sponsor, and the level and type of benefits guaranteed by the PBGC at the time of termination.

As a result, some benefits may be fully or partially covered by existing Plan assets and PBGC guarantees, while other benefits may not be covered at all. In all cases, Plan assets would first be distributed to satisfy benefits to participants. Any residual assets remaining after all benefit obligations have been satisfied would be distributed to the Society.

**NOTE 7 PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under the U.S. Department of Labor as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Collective trusts funds consist of shares of a money market fund managed by BNY Mellon. Because BNY Mellon serves as the Plan's trustee, as defined by the Plan, transactions involving these investments are considered party-in-interest transactions under ERISA.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**OCTOBER 31, 2025**

| (a) | (b)                                                         | (c)                                                                                                           | (d)        | (e)              |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost       | Current<br>Value |
|     |                                                             | <b><u>Fixed Income Securities:</u></b>                                                                        |            |                  |
|     |                                                             | <b><u>Corporate Bonds and Notes</u></b>                                                                       |            |                  |
|     | VISTRA OPERATIONS CO LLC 144A                               | 5.250% 10/15/2035 DD 10/10/25                                                                                 | \$ 239,258 | \$ 238,394       |
|     | FEDEX CORP                                                  | 4.100% 02/01/2045 DD 08/01/25                                                                                 | 712,494    | 721,440          |
|     | VERIZON COMMUNICATIONS INC                                  | 5.500% 02/23/2054 DD 02/23/24                                                                                 | 990,712    | 969,630          |
|     |                                                             | Total Corporate Bonds and Notes                                                                               | 1,942,464  | 1,929,464        |
|     |                                                             | <b><u>U.S. Government Agency Securities</u></b>                                                               |            |                  |
|     | US TREAS-CPI INFLAT                                         | 0.500% 01/15/2028 DD 01/15/18                                                                                 | 4,511,028  | 4,487,472        |
|     | US TREAS-CPI INFLAT                                         | 0.125% 007/15/2031 DD 07/15/21                                                                                | 4,507,989  | 4,481,142        |
|     | US TREAS-CPI INFLAT                                         | 1.875% 07/15/2034 DD 07/15/24                                                                                 | 4,509,331  | 4,486,662        |
|     | US TREAS-CPI INFLAT                                         | 2.125% 01/15/2035 DD 01/15/25                                                                                 | 4,504,606  | 4,483,644        |
|     | US TREAS-CPI INFLAT                                         | 1.625% 04/15/2030 DD 04/15/25                                                                                 | 4,508,965  | 4,477,864        |
|     | US TREAS BD FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | 135,107          |
|     | US ULTRA BOND (CBT)                                         | EXP DEC 25                                                                                                    | -          | (100,837)        |
|     | US 10YR ULTRA FUTURE (CBT)                                  | EXP DEC 25                                                                                                    | -          | 140,540          |
|     | US 10YR NOTE FUTURE (CBT)                                   | EXP DEC 25                                                                                                    | -          | (11,563)         |
|     | US 5YR NOTE FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | (27,934)         |
|     | US 2YR NOTE FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | 3,939            |
|     |                                                             | Total U. S. Government Agency<br>Securities                                                                   | 22,541,919 | 22,556,037       |
|     |                                                             | <b><u>Other Fixed Income</u></b>                                                                              |            |                  |
|     | BNY MELLON CASH RESERVE                                     | 0.100% 12/31/2049 DD 06/26/97                                                                                 | 3,002      | 3,002            |
|     | AUD (AUSTRALIAN DOLLARS)                                    |                                                                                                               | 1          | 1                |
|     | GBP (GREAT BRITISH POUNDS)                                  |                                                                                                               | 71,679     | 69,479           |
|     | ZAR (SOUTH AFRICAN RAND)                                    |                                                                                                               | (2)        | (2)              |
|     | ARS (ARGENTINE PESO)                                        |                                                                                                               | 20         | 1                |
|     | MXN (MEXICAN PESO)                                          |                                                                                                               | (21)       | (21)             |
|     | CAD (CANADIAN DOLLARS)                                      |                                                                                                               | 2          | 2                |
|     | EUR (EURO)                                                  |                                                                                                               | 36         | 36               |
|     |                                                             | Total Other Fixed Income                                                                                      | 74,717     | 72,498           |
|     |                                                             | <b><u>Credit Default Swaps</u></b>                                                                            |            |                  |
|     | CCP_CD.X. SP UL CDX.NA.IG.44_V1                             | REC 100BPS 2030 JUN 20                                                                                        | 3,581,858  | 3,255,480        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.59% 2032 SEP 23                                                                                         | 3,028      | (146,463)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.57% 2035 SEP 23                                                                                         | -          | (143,204)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.65% 2030 SEP 23                                                                                         | -          | (101,495)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.5% 2045 SEP 23                                                                                          | 13,439     | (170,674)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.92% 2027 SEP 23                                                                                         | -          | (55,734)         |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.47% 2055 SEP 23                                                                                         | 4,115      | (20,241)         |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.76% 2028 SEP 23                                                                                         | -          | (115,743)        |
|     |                                                             | Total Credit Default Swaps                                                                                    | 3,602,440  | 2,501,926        |
|     |                                                             | Total Fixed Income Securities                                                                                 | 28,161,540 | 27,059,925       |

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**OCTOBER 31, 2025**

| (a) | (b)                                                         | (c)                                                                                                           | (d)            | (e)              |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost           | Current<br>Value |
|     |                                                             | <b><u>Collective Trust Funds:</u></b>                                                                         |                |                  |
|     |                                                             | <u>Cash</u>                                                                                                   |                |                  |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | \$ 9,704,318   | \$ 9,704,318     |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | 152,263        | 152,263          |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | 14,937,026     | 14,937,027       |
|     |                                                             | Total Cash                                                                                                    | 24,793,607     | 24,793,608       |
|     |                                                             | <u>Equity, Including Convertible Securities</u>                                                               |                |                  |
|     | EAFE EQUITY                                                 | INDEX FUND                                                                                                    | 17,672,694     | 20,828,843       |
|     | BZW BARCLAYS RUSSELL 3000                                   | INDEX FUND                                                                                                    | 19,573,779     | 37,647,618       |
|     |                                                             | Total Equity, Including Convertible<br>Securities                                                             | 37,246,473     | 58,476,461       |
|     |                                                             | Total Collective Trust Funds                                                                                  | 62,040,080     | 83,270,069       |
|     |                                                             | <b><u>Registered Investment Company Funds:</u></b>                                                            |                |                  |
|     |                                                             | <u>Fixed Income</u>                                                                                           |                |                  |
|     | GOLDMAN SACHS COLLECTIVE TR                                 | INTER DURATION CR FD INSTL CL                                                                                 | 146,925,740    | 147,421,694      |
|     | GOLDMAN SACHS COLLECTIVE TR                                 | LONG DURATION CR FD INSTL CL I                                                                                | 235,068,237    | 236,401,325      |
|     |                                                             | Total Registered Investment Company Funds                                                                     | 381,993,977    | 383,823,019      |
|     |                                                             | Total Investments                                                                                             | \$ 472,195,597 | \$ 494,153,013   |

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED OCTOBER 31, 2025**

| (a)<br>Identity of<br>Party Involved                                            | (b)<br>Description of<br>Assets                         | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Leased<br>Rental | (f)<br>Expense<br>Incurred With<br>Transaction | (g)<br>Cost   | (h)<br>Current<br>Value | (i)<br>Net Gain<br>(Loss) |
|---------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------|---------------|-------------------------|---------------------------|
| <b>Category (i) - A Single Transaction in Excess of 5% of Plan Assets</b>       |                                                         |                          |                         |                         |                                                |               |                         |                           |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | \$ -                     | \$ 39,853,476           | \$ -                    | \$ -                                           | \$ 37,701,818 | \$ 39,853,476           | \$ 2,151,659              |
| <b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b> |                                                         |                          |                         |                         |                                                |               |                         |                           |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | \$ -                     | \$ 39,853,476           | \$ -                    | \$ -                                           | \$ 37,701,818 | \$ 39,853,476           | \$ 2,151,659              |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | 37,701,818               | -                       | -                       | -                                              | -             | 37,701,818              | -                         |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 01/01/2056 DD 01/01/26 | 25,871,633               | 25,839,836              | -                       | -                                              | 25,871,633    | 25,839,836              | (31,797)                  |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 03/01/2056 DD 03/01/26 | 36,866,160               | 37,001,008              | -                       | -                                              | 36,863,520    | 37,001,008              | 137,488                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 04/01/2056 DD 04/01/26 | 30,458,898               | 30,686,016              | -                       | -                                              | 30,458,898    | 30,686,016              | 227,117                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2056 DD 05/01/26 | 35,054,816               | 35,179,877              | -                       | -                                              | 35,054,613    | 35,179,877              | 125,264                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 06/01/2056 DD 06/01/26 | 44,323,121               | 44,184,414              | -                       | -                                              | 44,323,121    | 44,184,414              | (138,707)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 07/01/2056 DD 07/01/26 | 54,586,640               | 54,754,109              | -                       | -                                              | 54,498,535    | 54,754,109              | 255,574                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 08/01/2056 DD 08/01/26 | 38,822,017               | 38,991,422              | -                       | -                                              | 38,822,017    | 38,991,422              | 169,405                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 09/01/2055 DD 09/01/25 | 55,247,031               | 55,452,309              | -                       | -                                              | 55,247,031    | 55,452,309              | 205,277                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 01/01/2056 DD 01/01/26 | 56,990,961               | 56,983,138              | -                       | -                                              | 56,990,961    | 56,983,138              | (7,823)                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 02/01/2056 DD 02/01/26 | 56,969,720               | 57,069,281              | -                       | -                                              | 56,969,720    | 57,069,281              | 99,562                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 03/01/2056 DD 03/01/26 | 96,094,424               | 96,531,746              | -                       | -                                              | 96,094,424    | 96,531,746              | 437,322                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 04/01/2056 DD 04/01/26 | 48,145,430               | 48,225,945              | -                       | -                                              | 48,145,430    | 48,225,945              | 80,515                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 05/01/2056 DD 05/01/26 | 48,184,556               | 47,925,820              | -                       | -                                              | 48,184,556    | 47,925,820              | (258,735)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 06/01/2056 DD 06/01/26 | 86,584,863               | 86,607,539              | -                       | -                                              | 86,584,863    | 86,607,539              | 22,676                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 07/01/2056 DD 07/01/26 | 86,751,064               | 87,209,363              | -                       | -                                              | 86,751,064    | 87,209,363              | 458,298                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 08/01/2056 DD 08/01/26 | 57,686,323               | 57,409,805              | -                       | -                                              | 57,686,323    | 57,409,805              | (276,519)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 09/01/2055 DD 09/01/25 | 47,983,096               | 48,522,393              | -                       | -                                              | 47,983,096    | 48,522,393              | 539,297                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 10/01/2055 DD 10/01/25 | 97,425,549               | 97,575,776              | -                       | -                                              | 97,425,549    | 97,575,776              | 150,227                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 12/01/2055 DD 12/01/25 | 44,332,799               | 43,775,150              | -                       | -                                              | 44,332,799    | 43,775,150              | (557,649)                 |
| UBS AG                                                                          | DOM MFA CASH COLL UBS VAR RT 01/01/2049 DD 07/01/08     | 30,171,000               | 32,631,000              | -                       | -                                              | 32,631,000    | 32,631,000              | -                         |
| BNY Mellon                                                                      | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01            | 149,801,224              | 146,099,242             | -                       | -                                              | 146,099,242   | 146,099,242             | -                         |
| PIMCO                                                                           | PAPS LONG DURATION CREDIT BOND PORTFOLIO                | 4,604,040                | 55,657,966              | -                       | -                                              | 68,589,223    | 55,657,966              | (12,931,256)              |
| PIMCO Funds                                                                     | PIMCO FDS SHORT TERM FLTG NAV PORT II                   | 62,700,103               | 65,417,606              | -                       | -                                              | 65,417,938    | 65,417,606              | (331)                     |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20         | 78,903,750               | 89,932,914              | -                       | -                                              | 90,592,058    | 89,932,914              | (659,144)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.375% 11/15/2040 DD 11/15/20         | 214,158,474              | 233,901,423             | -                       | -                                              | 235,059,120   | 233,901,423             | (1,157,697)               |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.875% 02/15/2041 DD 02/15/21         | 149,666,221              | 167,226,593             | -                       | -                                              | 168,617,790   | 167,226,593             | (1,391,197)               |
| U.S. Treasury                                                                   | U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22         | 116,405,050              | 129,637,622             | -                       | -                                              | 130,267,294   | 129,637,622             | (629,673)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23         | 89,532,588               | 98,381,031              | -                       | -                                              | 99,225,492    | 98,381,031              | (844,461)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24         | 124,683,743              | 130,575,656             | -                       | -                                              | 130,838,690   | 130,575,656             | (263,034)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.625% 02/15/2055 DD 02/15/25         | 55,164,461               | 55,085,185              | -                       | -                                              | 55,164,461    | 55,085,185              | (79,276)                  |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25         | 29,807,776               | 29,869,634              | -                       | -                                              | 29,807,776    | 29,869,634              | 61,858                    |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.750% 08/15/2055 DD 08/15/25         | 62,524,300               | 63,677,818              | -                       | -                                              | 62,524,300    | 63,677,818              | 1,153,517                 |



2024 Form 5500 Schedule SB Attachments  
Schedule SB, Line 26a – Schedule of Active Participant Data  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

**Age and Service Distribution of Active Members**

| Attained Age    | Completed Years of Credited Service on November 1, 2024 |     |     |       |       |       |       |       |       |     | Total |
|-----------------|---------------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
|                 | <1                                                      | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |       |
| <b>Under 25</b> |                                                         |     |     |       |       |       |       |       |       |     |       |
| <b>25-29</b>    |                                                         |     |     |       |       |       |       |       |       |     |       |
| <b>30-34</b>    |                                                         |     |     |       |       |       |       |       |       |     |       |
| <b>35-39</b>    |                                                         |     |     |       | 2     |       |       |       |       |     | 2     |
| <b>40-44</b>    |                                                         |     |     |       | 17    | 8     |       |       |       |     | 25    |
| <b>45-49</b>    |                                                         |     |     | 1     | 21    | 20    | 9     | 1     |       |     | 52    |
| <b>50-54</b>    |                                                         |     | 1   |       | 32    | 48    | 16    | 15    | 6     |     | 118   |
| <b>55-59</b>    |                                                         |     |     |       | 26    | 44    | 29    | 7     | 28    | 1   | 135   |
| <b>60-64</b>    |                                                         |     |     | 2     | 7     | 39    | 24    | 16    | 30    | 19  | 137   |
| <b>65-69</b>    |                                                         |     |     | 1     | 9     | 18    | 12    | 3     | 10    | 17  | 70    |
| <b>Over 69</b>  |                                                         |     |     |       | 2     | 1     | 1     |       | 2     | 2   | 8     |
| <b>Total</b>    |                                                         |     | 1   | 4     | 116   | 178   | 91    | 42    | 76    | 39  | 547   |

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

**ERISA Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

|                                   | 2024 Plan Year   |                  | 2023 Plan Year   |                  |
|-----------------------------------|------------------|------------------|------------------|------------------|
| Purpose                           | Minimum          | Maximum          | Minimum          | Maximum          |
| Interest Rate Type                | Full Yield Curve | Full Yield Curve | Full Yield Curve | Full Yield Curve |
| Segment rates or full yield curve | Full Yield Curve | Full Yield Curve | Full Yield Curve | Full Yield Curve |
| Look-back months                  | 1                | 1                | 1                | 1                |

**COLA Increases:** 2.25% (unchanged). The known COLA of 2.90% is reflected as of April 1, 2025 for a one-year select period.

**Cash Balance Interest Crediting Rate:** 3.50% (unchanged). The known Interest Crediting Rate of 4.04% is reflected for a one-year select period.

**Administrative Expenses included in Target Normal Cost:** *ERISA*: \$1,733,000. Estimated based on the expected non-investment related administrative expenses paid from the Trust during the Plan year, rounded to the nearest \$1,000.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

**Actuarial Assumptions and Methods** (continued)

**Mortality:**

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants (previously IRS 2023 Static Mortality Table). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

**Retirement Rates:** Terminated Vested participants are assumed to retire at age 64. Retirement rates for active participants vary by age, as determined by the prior actuary for the plan.

| <b>Age</b> | <b>Retirement Rate</b> |
|------------|------------------------|
| 55         | 3.00%                  |
| 56-59      | 4.00%                  |
| 60         | 7.00%                  |
| 61         | 8.00%                  |
| 62-64      | 15.00%                 |
| 65         | 25.00%                 |
| 66         | 20.00%                 |
| 67-69      | 15.00%                 |
| 70+        | 100.00%                |

**Actuarial Assumptions and Methods** (continued)

**Withdrawal Rates:** Rates varying by age, as determined by the prior actuary for the plan.

Sample rates are shown below:

| <b>Age</b> | <b>Termination Rate</b> |
|------------|-------------------------|
| 25         | 8.95%                   |
| 30         | 7.95%                   |
| 35         | 6.90%                   |
| 40         | 5.65%                   |
| 45         | 4.35%                   |
| 50         | 2.80%                   |
| 55         | 0.00%                   |

**Marital Status:** 50% of males and females are assumed married, with females 3 years younger than males.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** N/A.

**Form of Payment:**

*Final Average Pay Formula:* 25% of participants are assumed to elect the 10-year Certain and Life Annuity, 25% are assumed to elect a Single Life Annuity, and 50% are assumed to elect at 50% Joint and Survivor Annuity.

*Cash Balance Formula:* 50% are assumed to elect an immediate Lump Sum and 50% are assumed to elect a deferred Lump Sum at age 64.

**Actuarial Assumptions and Methods Purposes** (continued)

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

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

**Actuarial Assumptions and Methods** (continued)

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

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

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

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

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED OCTOBER 31, 2025**

| (a)<br>Identity of<br>Party Involved                                            | (b)<br>Description of<br>Assets                         | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Leased<br>Rental | (f)<br>Expense<br>Incurred With<br>Transaction | (g)<br>Cost   | (h)<br>Current<br>Value | (i)<br>Net Gain<br>(Loss) |
|---------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------|---------------|-------------------------|---------------------------|
| <b>Category (i) - A Single Transaction in Excess of 5% of Plan Assets</b>       |                                                         |                          |                         |                         |                                                |               |                         |                           |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | \$ -                     | \$ 39,853,476           | \$ -                    | \$ -                                           | \$ 37,701,818 | \$ 39,853,476           | \$ 2,151,659              |
| <b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b> |                                                         |                          |                         |                         |                                                |               |                         |                           |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | \$ -                     | \$ 39,853,476           | \$ -                    | \$ -                                           | \$ 37,701,818 | \$ 39,853,476           | \$ 2,151,659              |
| U.S. TREASURY BOND                                                              | 0.000% 05/15/2055 DD 05/15/25                           | 37,701,818               | -                       | -                       | -                                              | -             | 37,701,818              | -                         |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 01/01/2056 DD 01/01/26 | 25,871,633               | 25,839,836              | -                       | -                                              | 25,871,633    | 25,839,836              | (31,797)                  |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 03/01/2056 DD 03/01/26 | 36,866,160               | 37,001,008              | -                       | -                                              | 36,863,520    | 37,001,008              | 137,488                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 04/01/2056 DD 04/01/26 | 30,458,898               | 30,686,016              | -                       | -                                              | 30,458,898    | 30,686,016              | 227,117                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2056 DD 05/01/26 | 35,054,816               | 35,179,877              | -                       | -                                              | 35,054,613    | 35,179,877              | 125,264                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 06/01/2056 DD 06/01/26 | 44,323,121               | 44,184,414              | -                       | -                                              | 44,323,121    | 44,184,414              | (138,707)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 07/01/2056 DD 07/01/26 | 54,586,640               | 54,754,109              | -                       | -                                              | 54,498,535    | 54,754,109              | 255,574                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 08/01/2056 DD 08/01/26 | 38,822,017               | 38,991,422              | -                       | -                                              | 38,822,017    | 38,991,422              | 169,405                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 4.500% 09/01/2055 DD 09/01/25 | 55,247,031               | 55,452,309              | -                       | -                                              | 55,247,031    | 55,452,309              | 205,277                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 01/01/2056 DD 01/01/26 | 56,990,961               | 56,983,138              | -                       | -                                              | 56,990,961    | 56,983,138              | (7,823)                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 02/01/2056 DD 02/01/26 | 56,969,720               | 57,069,281              | -                       | -                                              | 56,969,720    | 57,069,281              | 99,562                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 03/01/2056 DD 03/01/26 | 96,094,424               | 96,531,746              | -                       | -                                              | 96,094,424    | 96,531,746              | 437,322                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 04/01/2056 DD 04/01/26 | 48,145,430               | 48,225,945              | -                       | -                                              | 48,145,430    | 48,225,945              | 80,515                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 05/01/2056 DD 05/01/26 | 48,184,556               | 47,925,820              | -                       | -                                              | 48,184,556    | 47,925,820              | (258,735)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 06/01/2056 DD 06/01/26 | 86,584,863               | 86,607,539              | -                       | -                                              | 86,584,863    | 86,607,539              | 22,676                    |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 07/01/2056 DD 07/01/26 | 86,751,064               | 87,209,363              | -                       | -                                              | 86,751,064    | 87,209,363              | 458,298                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 08/01/2056 DD 08/01/26 | 57,686,323               | 57,409,805              | -                       | -                                              | 57,686,323    | 57,409,805              | (276,519)                 |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 09/01/2055 DD 09/01/25 | 47,983,096               | 48,522,393              | -                       | -                                              | 47,983,096    | 48,522,393              | 539,297                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 10/01/2055 DD 10/01/25 | 97,425,549               | 97,575,776              | -                       | -                                              | 97,425,549    | 97,575,776              | 150,227                   |
| Fannie Mae (FNMA)                                                               | COMMIT TO PUR FNMA SF MTG 5.500% 12/01/2055 DD 12/01/25 | 44,332,799               | 43,775,150              | -                       | -                                              | 44,332,799    | 43,775,150              | (557,649)                 |
| UBS AG                                                                          | DOM MFA CASH COLL UBS VAR RT 01/01/2049 DD 07/01/08     | 30,171,000               | 32,631,000              | -                       | -                                              | 32,631,000    | 32,631,000              | -                         |
| BNY Mellon                                                                      | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01            | 149,801,224              | 146,099,242             | -                       | -                                              | 146,099,242   | 146,099,242             | -                         |
| PIMCO                                                                           | PAPS LONG DURATION CREDIT BOND PORTFOLIO                | 4,604,040                | 55,657,966              | -                       | -                                              | 68,589,223    | 55,657,966              | (12,931,256)              |
| PIMCO Funds                                                                     | PIMCO FDS SHORT TERM FLTG NAV PORT II                   | 62,700,103               | 65,417,606              | -                       | -                                              | 65,417,938    | 65,417,606              | (331)                     |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20         | 78,903,750               | 89,932,914              | -                       | -                                              | 90,592,058    | 89,932,914              | (659,144)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.375% 11/15/2040 DD 11/15/20         | 214,158,474              | 233,901,423             | -                       | -                                              | 235,059,120   | 233,901,423             | (1,157,697)               |
| U.S. Treasury                                                                   | U S TREASURY BOND 1.875% 02/15/2041 DD 02/15/21         | 149,666,221              | 167,226,593             | -                       | -                                              | 168,617,790   | 167,226,593             | (1,391,197)               |
| U.S. Treasury                                                                   | U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22         | 116,405,050              | 129,637,622             | -                       | -                                              | 130,267,294   | 129,637,622             | (629,673)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23         | 89,532,588               | 98,381,031              | -                       | -                                              | 99,225,492    | 98,381,031              | (844,461)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24         | 124,683,743              | 130,575,656             | -                       | -                                              | 130,838,690   | 130,575,656             | (263,034)                 |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.625% 02/15/2055 DD 02/15/25         | 55,164,461               | 55,085,185              | -                       | -                                              | 55,164,461    | 55,085,185              | (79,276)                  |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25         | 29,807,776               | 29,869,634              | -                       | -                                              | 29,807,776    | 29,869,634              | 61,858                    |
| U.S. Treasury                                                                   | U S TREASURY BOND 4.750% 08/15/2055 DD 08/15/25         | 62,524,300               | 63,677,818              | -                       | -                                              | 62,524,300    | 63,677,818              | 1,153,517                 |

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

▶ Round off amounts to nearest dollar.

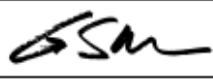
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AMERICAN CHEMICAL SOCIETY                                     | <b>D</b> Employer Identification Number (EIN)<br>53-0196572                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                           |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                             | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 11 Day 01 Year 2024                                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                          |                                                                               |
| <b>a</b> Market value                                                                                                                                                                                     | <b>2a</b> 513,833,349                                                         |
| <b>b</b> Actuarial value                                                                                                                                                                                  | <b>2b</b> 513,833,349                                                         |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                       |                                                                               |
|                                                                                                                                                                                                           | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                                     | 1,524 453,844,742 453,844,742                                                 |
| <b>b</b> For terminated vested participants                                                                                                                                                               | 303 20,533,240 20,533,240                                                     |
| <b>c</b> For active participants                                                                                                                                                                          | 547 68,284,091 68,849,512                                                     |
| <b>d</b> Total                                                                                                                                                                                            | 2,374 542,662,073 543,227,494                                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate                                                                                                                                                                          | <b>5</b> 5.03%                                                                |
| <b>6</b> Target normal cost                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals                                                                                                                                                      | <b>6a</b> 0                                                                   |
| <b>b</b> Expected plan-related expenses                                                                                                                                                                   | <b>6b</b> 1,733,000                                                           |
| <b>c</b> Target normal cost                                                                                                                                                                               | <b>6c</b> 1,733,000                                                           |

**Statement by Enrolled Actuary**

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

|                        |                                                                                                     |                                        |
|------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>       | George S Marino  | 07/01/2026                             |
|                        | Signature of actuary                                                                                | Date                                   |
| George S. Marino       | Type or print name of actuary                                                                       | 2607701                                |
| Fidelity Investments   | Firm name                                                                                           | Most recent enrollment number          |
| 245 Summer Street, V1B |                                                                                                     | 617-563-5216                           |
| Boston MA 02210        | Address of the firm                                                                                 | Telephone number (including area code) |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 42,470,598             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       | 7,321,135              |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 35,149,463             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>17.78</u> % .....                                                                                | 0                     | 6,249,575              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 41,399,038             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 86.96 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 86.96 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.00 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

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

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

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

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                   |                   |                   | <b>21b</b> 64                                                  |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b>                                                      |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 1,733,000          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 70,793,183          | 6,736,697          |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 8,469,697          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 8,469,697          | 8,469,697     |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

| (1)  | (2)               | (3)                   | (4)                      | (5)        |
|------|-------------------|-----------------------|--------------------------|------------|
| Age* | Total<br>Exposure | Retirement<br>Percent | Retirements<br>(2) * (3) | (1)*(4)    |
| 55.5 | 1,000,000         | 3.00%                 | 30,000                   | 1,665,000  |
| 56.5 | 970,000           | 4.00%                 | 38,800                   | 2,192,200  |
| 57.5 | 931,200           | 4.00%                 | 37,248                   | 2,141,760  |
| 58.5 | 893,952           | 4.00%                 | 35,758                   | 2,091,843  |
| 59.5 | 858,194           | 4.00%                 | 34,328                   | 2,042,516  |
| 60.5 | 823,866           | 7.00%                 | 57,671                   | 3,489,096  |
| 61.5 | 766,195           | 8.00%                 | 61,296                   | 3,769,704  |
| 62.5 | 704,899           | 15.00%                | 105,735                  | 6,608,438  |
| 63.5 | 599,164           | 15.00%                | 89,875                   | 5,707,063  |
| 64.5 | 509,289           | 15.00%                | 76,393                   | 4,927,349  |
| 65.5 | 432,896           | 25.00%                | 108,224                  | 7,088,672  |
| 66.5 | 324,672           | 20.00%                | 64,934                   | 4,318,111  |
| 67.5 | 259,738           | 15.00%                | 38,961                   | 2,629,868  |
| 68.5 | 220,777           | 15.00%                | 33,117                   | 2,268,515  |
| 69.5 | 187,660           | 15.00%                | 28,149                   | 1,956,356  |
| 70.0 | 159,511           | 100.00%               | 159,511                  | 11,165,770 |
|      |                   |                       | 1,000,000                | 64,062,261 |

Total of (5) Divided by Age 55.5 Exposure      64,062,261 / 1,000,000 = **64**  
(Rounded to the Nearest Whole Year)

\* Middle of year decrement timing is assumed except for ages 70+ that are assumed to occur at the beginning of the year.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001  
**Plan Provisions**

**Name of Plan:** American Chemical Society Retirement Plan.

**Employer Identification Number / Plan Number:** 53-0196572/001.

**Effective Date:** November 1, 1963. Effective date of most recent amendment, June 1, 2024.

**Covered Employees:** All members with at least one year of qualifying service and over age twenty-one.

**Participation Date:** Date of becoming a covered employee. Those hired on or after September 1, 2007 will not enter the Plan.

**Definitions:**

*Vesting service:* One year of vesting service for each year during which 1,000 or more hours were completed.

*Benefit service:* One year of benefit service is credited if 1,000 or more hours of service are completed. Effective October 31, 2009, Benefit Service is frozen.

*Pensionable pay:* Base pay plus any deferrals plus employer “pick up” contributions. Compensation after December 31, 2007 is ignored for participants who elect basic contributions under the Defined Contribution Plan. Compensation after October 31, 2009 is ignored for all other participants.

*Average earnings (Traditional Benefit Participants only):* Highest average annual earnings in the 36 consecutive months out of the last 120 months of employment. Earnings are frozen as of October 31, 2009.

*Normal retirement date (NRD):* The first day of the month coincident with or immediately following the date the participant attains Age 65.

*Choice Program:* Participants were provided the opportunity to waive certain rights to future accruals under the Plan in return for the right to be credited with certain basic contributions under the defined contribution plan. For anyone who elected basic contributions under the defined contribution plan, all accruals ceased effective December 31, 2007. The hypothetical Cash Balance account for participants who made this election continues to be credited with interest only.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001  
**Plan Provisions** (continued)

*Accrued benefit:* The pension benefit payable to a Participant at Normal Retirement Date in the Normal Form. The Accrued Benefit is the sum of the Cash Balance Formula Accrued Benefit Plus the Traditional Formula Accrued Benefit, further defined below.

*Cash Balance Formula Benefit:* The Cash Balance Formula provides for 7% pay credits for Compensation earned prior to October 31, 2009 and interest credits based on the 30-year Treasury security for the second calendar month preceding the first day of the plan year. The Cash Balance Account will continue to be credited with interest credits only beyond October 31, 2009 until the participant commences payments. The Cash Balance benefit is available for participants electing the Cash Balance Formula on October 31, 2001 and new participants on or after November 1, 2001.

*Traditional Formula Benefit:* The Traditional Accrued Benefit is equal to the maximum of the following:

- (1) *Traditional Formula Post 10/31/1989 + Traditional Formula Pre 11/1/1989;*
- (2) *Minimum Accrued Benefit (1989 Formula)*
- (3) *Minimum Accrued Benefit (1980 Formula)*

*Traditional Formula Benefit Post 10/31/1989:* Benefit for service earned after October 31, 1989 and prior to November 1, 2001 for participants electing the cash balance formula. Benefit for service earned after October 31, 1989 for participants electing final average pay formulas on October 31, 2001. The sum of (a) and (b):

- (a) 1.60% times the participant's frozen final average compensation at date of retirement times years of service for better accrual purposes (up to 30 years total) after November 1, 1989; plus
- (b) 0.65% times the participant's frozen final average compensation in excess of his covered compensation times years of service for benefit accrual purposes (up to 30 years total) after November 1, 1989.

*Traditional Formula Benefit Pre 11/1/1989:* Benefit for service earned prior to November 1, 1989. The difference of (c) and (d):

- (c)  $2\frac{1}{3}\%$  times the participant's frozen final average compensation, multiplied by Benefit Service (up to 30 years) earned prior to November 1, 1989; minus
- (d)  $1\frac{1}{3}\%$  of the participant's frozen primary Social Security benefit, multiplied by Benefit Service (up to 30 years) earned prior to November 1, 1989, but not greater than  $50\% \times (c)$ .

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001  
**Plan Provisions** (continued)

*Minimum Accrued Benefit (1989 Formula):* Benefit for service earned prior to benefit accrued to December 1, 1990 under plan in effect on October 31, 1989.

*Minimum Accrued Benefit (1980 Formula):* Accrued Benefit for Participants hired prior to November 1, 1980. Benefit accrued to December 1, 1990 under the Plan in effect on October 31, 1980 if Participant on October 31, 1980.

**Eligibility for Benefits:**

*NRD:* Retirement on NRD.

*Early retirement:* Age 55 with ten years of vesting service.

*Postponed retirement:* Retirement after NRD.

*Deferred vested:* Terminations for reasons other than death, disability, or retirement after completing five years of vesting service. Three years of vesting service for any participant who is credited with at least one hour of service on or after January 1, 2008.

*Pre-retirement spouse benefit:* Death with five years of vesting service with a surviving spouse.

*Disability:* Permanently and totally disabled.

**Monthly Benefits Paid Upon the Following Events:**

*Early retirement:* Eligible if age 55 with 10 years of service for vesting purposes. There is a reduction of 1/180<sup>th</sup> for each of the first 36 months and 1/360<sup>th</sup> for each of the next 60 months by which benefits commence prior to age 63, with the following exceptions:

- (1) the excess portion of a participant's benefit as defined above in (b) of the *Traditional Formula Benefit Post 10/31/1989*, shall be reduced 8% for each of the first three years and 4% for each of the next seven years by which the benefit commencement date precedes age 65.
- (2) For participants as of October 31, 1980 the benefit shall not be less than that under the plan in effect at that time, had the provisions of the plan continued in effect until December 1, 1990, which is 3% per year from ages 65 to 55.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001  
**Plan Provisions** (continued)

*Vested Termination:* Participants are eligible for a vested terminated benefit if they have five years of vesting service or three years of vesting service for any participant who is credited with at least one hour of service on or after January 1, 2008.

*Late retirement:* The Cash Balance Account continues to accrue interest credits until commencement. The Traditional Formula Benefit does not receive Actuarial Increases.

*Preretirement Death Benefit – Traditional Formula:* If married, the sum of (a) and (b):

(a) The amount payable to the surviving spouse as if such Participant had elected the 50% Joint and Survivor Annuity. If the participant is eligible for early retirement at the time the death the benefit is payable on the first of the month coincident with or following death. Otherwise, the death benefit is payable on the participant's Earliest Commencement Date. If less than 10 years of Vesting Service, the Earliest Commencement Date is NRD; plus

(b) Lump Sum equal to the present value of the participants accrued benefit minus the benefit amount in (a).

If not married, a lump sum equal to the participant's accrued benefit.

*Preretirement Death Benefit – Cash Balance Formula:* The value of the cash balance account or an actuarially equivalent monthly annuity.

*Postretirement Death:* Benefits will be paid to the designated Beneficiary based on the form of payment elected at retirement; plus a \$2,500 lump sum to a designated beneficiary for participants who retire directly from active status.

**Cost-of-Living Adjustments (COLA):**

The Traditional Benefit is eligible for a COLA. Benefit payments are adjusted every April 1<sup>st</sup> based on Consumer Price Index (CPI-U) with the following conditions:

1. The benefit will not be adjusted for the first 5% increase in CPI-U measured from Benefit Commencement Date.
2. Benefit payments after COLA cannot be less than 90% of original benefit.
3. The maximum increase in benefit for any one year is 5%
4. The total COLA increases applied to the benefit cannot increase by more than 50% of the original benefit.
5. Effective April 1, 1991, employees whose benefits had been capped for at least three years were given a special ad hoc increase.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Part V – Summary of Plan Provisions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001  
**Plan Provisions** (continued)

**Forms of Payment:**

*Normal form (single participants):* 10 Year Certain and Life Annuity benefit.

*Normal form (married participants):* Actuarially Equivalent 50% Joint & Survivor annuity with spouse as beneficiary.

*Optional forms:* Participants who retire under the plan may elect the following benefit payment options:

- Single Life Annuity
- Certain and Continuous Life Annuity (10, 15, or 20 Year)
- Joint & Survivor Annuity (50%, 66⅔%, 75% or 100%)
- Joint & Survivor Annuity with Social Security Leveling Option at age 62 or 65 (50%, 66⅔%, 75% or 100%)
- Joint & Survivor Annuity with Pop-Up (50%, 66⅔%, 75% or 100%)
- Social Security Leveling Option at age 62 or 65
- Lump Sum Distribution (equal to the cash balance account).

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

**Plan Changes:** No future plan changes were recognized in determining minimum and maximum contributions.

The plan was closed to employees hired on or after September 1, 2007. Effective October 31, 2009, Benefit Service is frozen.

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**OCTOBER 31, 2025**

| (a) | (b)                                                         | (c)                                                                                                           | (d)        | (e)              |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost       | Current<br>Value |
|     |                                                             | <b><u>Fixed Income Securities:</u></b>                                                                        |            |                  |
|     |                                                             | <b><u>Corporate Bonds and Notes</u></b>                                                                       |            |                  |
|     | VISTRA OPERATIONS CO LLC 144A                               | 5.250% 10/15/2035 DD 10/10/25                                                                                 | \$ 239,258 | \$ 238,394       |
|     | FEDEX CORP                                                  | 4.100% 02/01/2045 DD 08/01/25                                                                                 | 712,494    | 721,440          |
|     | VERIZON COMMUNICATIONS INC                                  | 5.500% 02/23/2054 DD 02/23/24                                                                                 | 990,712    | 969,630          |
|     |                                                             | Total Corporate Bonds and Notes                                                                               | 1,942,464  | 1,929,464        |
|     |                                                             | <b><u>U.S. Government Agency Securities</u></b>                                                               |            |                  |
|     | US TREAS-CPI INFLAT                                         | 0.500% 01/15/2028 DD 01/15/18                                                                                 | 4,511,028  | 4,487,472        |
|     | US TREAS-CPI INFLAT                                         | 0.125% 007/15/2031 DD 07/15/21                                                                                | 4,507,989  | 4,481,142        |
|     | US TREAS-CPI INFLAT                                         | 1.875% 07/15/2034 DD 07/15/24                                                                                 | 4,509,331  | 4,486,662        |
|     | US TREAS-CPI INFLAT                                         | 2.125% 01/15/2035 DD 01/15/25                                                                                 | 4,504,606  | 4,483,644        |
|     | US TREAS-CPI INFLAT                                         | 1.625% 04/15/2030 DD 04/15/25                                                                                 | 4,508,965  | 4,477,864        |
|     | US TREAS BD FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | 135,107          |
|     | US ULTRA BOND (CBT)                                         | EXP DEC 25                                                                                                    | -          | (100,837)        |
|     | US 10YR ULTRA FUTURE (CBT)                                  | EXP DEC 25                                                                                                    | -          | 140,540          |
|     | US 10YR NOTE FUTURE (CBT)                                   | EXP DEC 25                                                                                                    | -          | (11,563)         |
|     | US 5YR NOTE FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | (27,934)         |
|     | US 2YR NOTE FUTURE (CBT)                                    | EXP DEC 25                                                                                                    | -          | 3,939            |
|     |                                                             | Total U. S. Government Agency<br>Securities                                                                   | 22,541,919 | 22,556,037       |
|     |                                                             | <b><u>Other Fixed Income</u></b>                                                                              |            |                  |
|     | BNY MELLON CASH RESERVE                                     | 0.100% 12/31/2049 DD 06/26/97                                                                                 | 3,002      | 3,002            |
|     | AUD (AUSTRALIAN DOLLARS)                                    |                                                                                                               | 1          | 1                |
|     | GBP (GREAT BRITISH POUNDS)                                  |                                                                                                               | 71,679     | 69,479           |
|     | ZAR (SOUTH AFRICAN RAND)                                    |                                                                                                               | (2)        | (2)              |
|     | ARS (ARGENTINE PESO)                                        |                                                                                                               | 20         | 1                |
|     | MXN (MEXICAN PESO)                                          |                                                                                                               | (21)       | (21)             |
|     | CAD (CANADIAN DOLLARS)                                      |                                                                                                               | 2          | 2                |
|     | EUR (EURO)                                                  |                                                                                                               | 36         | 36               |
|     |                                                             | Total Other Fixed Income                                                                                      | 74,717     | 72,498           |
|     |                                                             | <b><u>Credit Default Swaps</u></b>                                                                            |            |                  |
|     | CCP_CD.X. SP UL CDX.NA.IG.44_V1                             | REC 100BPS 2030 JUN 20                                                                                        | 3,581,858  | 3,255,480        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.59% 2032 SEP 23                                                                                         | 3,028      | (146,463)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.57% 2035 SEP 23                                                                                         | -          | (143,204)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.65% 2030 SEP 23                                                                                         | -          | (101,495)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.5% 2045 SEP 23                                                                                          | 13,439     | (170,674)        |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.92% 2027 SEP 23                                                                                         | -          | (55,734)         |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.47% 2055 SEP 23                                                                                         | 4,115      | (20,241)         |
|     | CCP_IFS. R USA-CPI-U 1Y CME                                 | PAY 2.76% 2028 SEP 23                                                                                         | -          | (115,743)        |
|     |                                                             | Total Credit Default Swaps                                                                                    | 3,602,440  | 2,501,926        |
|     |                                                             | Total Fixed Income Securities                                                                                 | 28,161,540 | 27,059,925       |

**AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN**  
**E.I.N. 53-0196572 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**OCTOBER 31, 2025**

| (a) | (b)                                                         | (c)                                                                                                           | (d)                   | (e)                   |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost                  | Current<br>Value      |
|     |                                                             | <b><u>Collective Trust Funds:</u></b>                                                                         |                       |                       |
|     |                                                             | <u>Cash</u>                                                                                                   |                       |                       |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | \$ 9,704,318          | \$ 9,704,318          |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | 152,263               | 152,263               |
|     | EB TEMP INV FD                                              | 1.147% 12/31/2049 DD 11/01/01                                                                                 | 14,937,026            | 14,937,027            |
|     |                                                             | Total Cash                                                                                                    | 24,793,607            | 24,793,608            |
|     |                                                             | <u>Equity, Including Convertible Securities</u>                                                               |                       |                       |
|     | EAFE EQUITY                                                 | INDEX FUND                                                                                                    | 17,672,694            | 20,828,843            |
|     | BZW BARCLAYS RUSSELL 3000                                   | INDEX FUND                                                                                                    | 19,573,779            | 37,647,618            |
|     |                                                             | Total Equity, Including Convertible<br>Securities                                                             | 37,246,473            | 58,476,461            |
|     |                                                             | Total Collective Trust Funds                                                                                  | 62,040,080            | 83,270,069            |
|     |                                                             | <b><u>Registered Investment Company Funds:</u></b>                                                            |                       |                       |
|     |                                                             | <u>Fixed Income</u>                                                                                           |                       |                       |
|     | GOLDMAN SACHS COLLECTIVE TR                                 | INTER DURATION CR FD INSTL CL                                                                                 | 146,925,740           | 147,421,694           |
|     | GOLDMAN SACHS COLLECTIVE TR                                 | LONG DURATION CR FD INSTL CL I                                                                                | 235,068,237           | 236,401,325           |
|     |                                                             | Total Registered Investment Company Funds                                                                     | 381,993,977           | 383,823,019           |
|     |                                                             | Total Investments                                                                                             | <u>\$ 472,195,597</u> | <u>\$ 494,153,013</u> |

Schedule of Shortfall Amortization Bases

| <u>Valuation Date</u> | <u>Years<br/>Remaining</u> | Present Value of<br>Any Remaining<br><u>Installments</u> | Amortization<br><u>Installment</u> |
|-----------------------|----------------------------|----------------------------------------------------------|------------------------------------|
| November 1, 2024      | 15                         | \$ 16,860,731                                            | \$ 1,533,562                       |
| November 1, 2023      | 14                         | \$ 40,315,598                                            | \$ 3,838,834                       |
| November 1, 2022      | 13                         | \$ 13,616,854                                            | \$ 1,364,301                       |
|                       |                            | \$ 70,793,183                                            | \$ 6,736,697                       |

Attachment to 2024 Form 5500  
Schedule SB, Line 25 – Change in Method  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

### **Change in Method**

**Actuarial Value of Assets:** A change in the Actuarial Value of Assets to Fair Market Value from Smoothed fair market value of assets over the prior two 6-month periods, adjusted for contributions, benefits payments, administrative expenses, and expected earnings. Revenue Procedure 2017-56 provides automatic approval for such a change in the asset valuation method.

Attachment to 2024 Form 5500  
Schedule SB, Line 24 – Change in Actuarial Assumptions  
American Chemical Society Retirement Plan  
EIN 53-0196572 / PN 001

**Change in Actuarial Assumptions**

**COLA Increases:** 2.25% long-term rate; the 2.90% COLA effective April 1, 2025 is assumed for a one-year select period (previously 3.40%).

**Cash Balance Interest Crediting Rate:** 3.50% (unchanged). The known Interest Crediting Rate of 4.04% is reflected for a one-year select period.

**Administrative Expenses:** The administrative expense load to the target normal cost decreased from \$2,118,000 to \$1,733,000 to better reflect expectations for the current plan year.