# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**1b** Three-digit plan number (PN) ▶ 134

**1c** Effective date of plan 01/10/1977

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
W. R. GRACE & CO. -CT

7500 GRACE DRIVE, BUILDING 100
COLUMBIA, MD 21044

**2b** Employer Identification Number (EIN) 13-5114230

**2c** Plan Sponsor's telephone number 410-531-4000

**2d** Business code (see instructions) 325100

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/08/2026 | DANIELLE LINDSEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

ADMINISTRATIVE COMMITTEE

7500 GRACE DRIVE, BUILDING 100
COLUMBIA, MD 21044

**3b** Administrator's EIN
13-2880089

**3c** Administrator's telephone number
410-531-4000

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 134 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 58 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 54 |
| **b** | Retired or separated participants receiving benefits | **6b** | 42 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 19 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 115 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 14 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 129 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 2 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 9494095 |
| **b** Actuarial value | **2b** | 9514077 |

**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 | 53 | 6725453 | 6725453 |
| **b** For terminated vested participants | 23 | 585935 | 585935 |
| **c** For active participants | 58 | 1863510 | 1975922 |
| **d** Total | 134 | 9174898 | 9287310 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **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** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 147594 |
| **b** Expected plan-related expenses | **6b** | 152183 |
| **c** Target normal cost | **6c** | 299777 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 09/17/2026

TRICIA SCHWABENBAUER
Type or print name of actuary

26-07200
Most recent enrollment number

AON CONSULTING, INC.
Firm name

410-547-2990
Telephone number (including area code)

MSC# 17852, AON
PO BOX 7505
FORT WASHINGTON, PA 19034
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 287326 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 280413 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 6913 |
| 10 | Interest on line 9 using prior year's actual return of 3.18 % | 0 | 220 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 321925 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 % | | 2117 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 8917 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 332959 |
| d | Portion of (c) to be added to prefunding balance | | 332959 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 340092 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 98.77 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.44 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 98.84 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/13/2026 | 314000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 314000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 293709 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.07 % | 2nd segment: 5.31 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 63 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

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

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 299777 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 113325 | 13514 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 313291 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 313291 | 313291 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 293709 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 293709 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 293709 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan sponsor's name as shown on line 2a of Form 5500
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

## 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] Yes [ ] No

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

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

**(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)

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: W. R. GRACE & CO. MASTER RET. TRUST

**b** Name of sponsor of entity listed in (a): W. R. GRACE & CO.

| **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) |
|---|---|---|
| 36-6807393-101 | M | 10254856 |

**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) |
|---|---|---|

**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

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**a** Plan name

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**a** Plan name

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**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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan sponsor's name as shown on line 2a of Form 5500
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 417000 | 314000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 9077301 | 10254856 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 9494301 | 10568856 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 9494301 | 10568856 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 314000 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 314000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 1396830 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1710830 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 605084 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 605084 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 2679 | |
| (3) Recordkeeping fees | 2i(3) | 2924 | |
| (4) IQPA audit fees | 2i(4) | 637 | |
| (5) Investment advisory and investment management fees | 2i(5) | 2789 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 1849 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 20313 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 31191 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 636275 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1074555 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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)** [X] 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: SC&H ATTEST SERVICES, P.C. **(2)** EIN: 52-1743645

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 10000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583537.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. --- TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan sponsor's name as shown on line 2a of Form 5500
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

## Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 36-1561860

**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 | 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee

**December 31, 2025 and 2024**

**INDEPENDENT AUDITORS' REPORT**

To the Investment and Benefits Committee of
the W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees – Tennessee Plant and its Participants:

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

We have performed audits of the accompanying financial statements of W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees – Tennessee Plant (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 of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Notes 5 and 9 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees – Tennessee Plants' ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditors' Responsibilities for the Audits of the Financial Statements**

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures

include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).



Hunt Valley, Maryland
October 5, 2026

# W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee

### Statements of Net Assets Available for Benefits

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| Investments, at fair value | | |
| Plan interest in the Trust Fund of the W. R. Grace & Co. Retirement Plans | $ 10,254,856 | $ 9,077,301 |
| Employer contributions receivable | 314,000 | 417,000 |
| Net assets available for benefits | $ 10,568,856 | $ 9,494,301 |

### Statements of Accumulated Plan Benefits

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| Actuarial present value of accumulated plan benefits | | |
| Vested benefits | | |
| Participants currently receiving payments | $ 5,789,657 | $ 6,015,222 |
| Other participants | 2,152,692 | 2,050,158 |
| | 7,942,349 | 8,065,380 |
| Nonvested benefits | 105,499 | 88,409 |
| Total actuarial present value of accumulated plan benefits | $ 8,047,848 | $ 8,153,789 |

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

# W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee

### Statements of Changes in Net Assets Available for Benefits

| | For the Years Ended December 31, | |
|---|---|---|
| | 2025 | 2024 |
| Additions to (deductions from) net assets available for benefits: | | |
| Plan interest in the Trust Fund of the W. R. Grace & Co. Retirement Plans net investment income (loss) | $ 1,365,638 | $ 142,187 |
| Employer contributions | 314,000 | 417,000 |
| Total additions (deductions) | 1,679,638 | 559,187 |
| Deductions from net assets available for benefits: | | |
| Benefits paid | 605,083 | 696,157 |
| Total deductions | 605,083 | 696,157 |
| Net increase (decrease) | 1,074,555 | (136,970) |
| Net assets available for benefits | | |
| Beginning of year | 9,494,301 | 9,631,271 |
| End of year | $ 10,568,856 | $ 9,494,301 |

### Statements of Changes in Accumulated Plan Benefits

| | For the Years Ended December 31, | |
|---|---|---|
| | 2025 | 2024 |
| Actuarial present value of accumulated plan benefits at beginning of year | $ 8,153,789 | $ 9,442,319 |
| Increase (decrease) during year: | | |
| Benefits accumulated | 127,147 | 150,269 |
| Interest | 510,641 | 523,199 |
| Benefits paid | (605,083) | (696,157) |
| Changes in actuarial assumptions | (116,015) | (581,245) |
| Other actuarial loss (gain) | (22,631) | (684,596) |
| Net increase (decrease) | (105,941) | (1,288,530) |
| Actuarial present value of accumulated plan benefits at end of year | $ 8,047,848 | $ 8,153,789 |

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

### 1. Description of the Plan

The following description of the W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of its provisions.

**General**

The Plan is a noncontributory defined benefit retirement plan which was established June 10, 1977. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Certain administrative decisions regarding the Plan are made by the Investment and Benefits Committee. For investment purposes, the assets of the Plan are commingled with the assets of certain other retirement plans of W. R. Grace & Co. ("Grace" or the "Company") in the Trust Fund of the W. R. Grace & Co. Retirement Plans ("Fund"), a master trust, which is maintained by The Northern Trust Company ("Trustee").

**Eligibility**

Hourly employees of the Chattanooga Plant are eligible to participate in the Plan upon date of hire or on the first day of the month coincident with or following date of hire or following completion of one year of service, as defined by the Plan, depending on their date of hire.

**Pension Benefits**

Participants are eligible to receive retirement benefits upon actual retirement at any age from 65 (based on the retirement benefit level at actual termination or the commencement of retirement benefits, if earlier) and are eligible for early retirement benefits at age 55. Participants' monthly retirement benefits range from $20.00 to $50.00 for each year of credited service, depending on the date of termination of service, as defined by the Plan. Additionally, participants receive $1/36^{th}$ of a participant's voluntary contributions, if any, made to the predecessor plan prior to June 10, 1977.

Benefits are paid in the form of an annuity. For terminated participants with an accrued benefit valued at $1,000 or less, the participant will receive a direct lump sum distribution from the Plan. If the participant's accrued benefit exceeds $1,000 but not $5,000, the benefit will remain in the Plan until the participant affirmatively elects to have the Plan distribute the funds or have the funds paid in a direct rollover to an individual retirement plan. Former Grace employees with an account balance within the W. R. Grace & Co. Savings and Investment Plan (the "S&I Plan") may directly roll over into the S&I Plan a lump sum distribution received from the Plan.

**Death and Disability Benefits**

Upon the death of an active vested participant, or a vested former participant who terminated on or after June 10, 1977, a death benefit may be payable to the participant's spouse or designated beneficiary.

Disability benefits are also available for eligible participants prior to retirement age.

**Vesting**

Employees are fully vested in benefits accrued after 5 years of vesting service, as defined by the Plan, or at age 55 regardless of years of service.

### 2. Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting**

The financial records of the Plan are maintained on the accrual basis of accounting.

**Investment Valuation and Income Recognition**

All investments in the Fund are stated at fair value, with the exception of annuity and immediate participation contracts, which are stated at contract value, which approximates fair value. Contract value represents contributions made under the contract plus interest at the contract rate of 4.27% during 2025, and 4.31% during 2024, and dividends less funds used for benefit payments. 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. Refer to Note 6 for a description of significant accounting policies employed in determining the fair value of investments held by the Fund. Purchases and sales of securities are recorded on a trade-date basis. Securities denominated in foreign currencies are translated at the exchange rate prevailing at the statement of net assets available for benefits date. Investment income (loss) from securities denominated in foreign currencies is translated at the average exchange rate prevailing during the year. The average cost method is used to determine the cost of securities sold. Dividends are recorded on the ex-dividend date. Funds under the investment contract that have been allocated and applied to purchase annuities (through insurance companies with those companies obligated to pay the related pension benefit) are excluded from the Plan's assets.

**Risks and Uncertainties**

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

Investment securities are exposed to various risks, such as interest rate, credit and market risks. Investment securities change in value, and it is possible that such changes could be material.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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. Such estimates include those regarding fair value of investments and accumulated benefit obligations. Actual results could differ from those estimates.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits represent those future periodic payments, including lump sum distributions, based on the Plan provisions earned by all active, retired and vested terminated participants up to the date of the valuation. Accumulated plan benefits include benefits expected to be paid to (a) retired or vested terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits reflecting the time value of money and the probability of payment between the valuation date and the expected date of payment. As of December 31, 2025, the significant actuarial assumptions used in the

valuation were (a) life expectancy of active participants (the Pri-2012 Mortality Table), (b) a graduated retirement age scale from age 55 to 70 and (c) an interest rate of 6.75%. Changes in the mortality assumption including white collar adjustments and adjustments to reflect endemic COVID-19, and changes in the lump sum interest rates assumption resulted in a decrease in the actuarial present value of accumulated plan benefits of $(116,015) for the year ended December 31, 2025.

As of December 31, 2024, the significant actuarial assumptions used in the valuation were (a) life expectancy of active participants (the Pri-2012 Mortality Table), (b) a graduated retirement age scale from age 55 to 70 and (c) an interest rate of 6.50%. Changes in the mortality assumption including white collar adjustments and adjustments to reflect anticipated slow recovery from COVID-19, and changes in the lump sum interest rates assumption resulted in a decrease in the actuarial present value of accumulated plan benefits of $(581,245) for the year ended December 31, 2024. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

In the event of Plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**Administrative Expenses**

Expenses incurred in the administration of the Plan are required to be paid through the Fund, unless paid directly by the Company at its discretion. Administrative expenses incurred by the Fund are allocated to the Plan as described in Note 5. The Fund paid administrative expenses totaling $6,141,974 and $5,249,421 for the years ended December 31, 2025 and 2024, respectively.

**Subsequent Events**

The Plan evaluated for disclosure any subsequent events through October 5, 2026, the date the financial statements were available to be issued, and determined there were no material subsequent events that warrant disclosure.

**3. Funding Policies**

Employee contributions are not allowed or required by the Plan. Contributions are made by the Company based upon annual actuarial determinations of cost using the “Projected Unit Credit Method”. The contributions of the Company are to be made at such intervals as may be determined by management and the Plan’s actuaries in such amounts as are necessary to maintain the Plan on a sound actuarial basis and to meet minimum funding standards of ERISA. The contribution receivable amount of $417,000 as of December 31, 2024 was remitted to the Plan on April 7, 2025. The contribution receivable amount of $314,000 as of December 31, 2025 was remitted to the Plan on April 13, 2026.

**4. Plan Termination**

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

In the event of Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

(a) Benefits attributable to employee contributions, if any, with interest, taking into account those paid out before termination.

(b) Other vested benefits up to insurance limitations guaranteed by the Pension Benefit Guaranty Corporation ("PBGC").

(c) All other (i.e., uninsured) vested benefits.

(d) All nonvested benefits.

Benefits to be provided via investment contracts under which a third party is obligated to pay would be excluded for allocation purposes.

Any remaining Plan assets would be returned to the Company. The PBGC insures pension benefits to Plan participants, up to certain limits, should unfunded vested benefits exist upon Plan termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025 and 2024, that ceiling was $7,432 and $7,108, respectively. That ceiling applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. For all benefits greater than the PBGC ceiling, the benefits will not be guaranteed for the excess.

**5. Investment in the Fund**

The Plan has an undivided interest in the Fund, which comprises all of the Plan's investments. The assets of the Fund are comprised entirely of the Plan's assets and the assets of certain other retirement plans of the Company, each of which has an undivided interest in the Fund and is a related party to the Plan. At December 31, 2025 and 2024, the Plan's percentage interests in the Fund were approximately 1.61% and 1.48%, respectively.

The following table presents the net assets available for benefits for the entire Fund held by the Trustee and the Plan's interest in the Fund as of December 31, 2025:

| | Fund Balances | Plan's Interest |
|---|---|---|
| **Assets** | | |
| Investments at fair value | | |
| United States of America | | |
| Equity securities | $ 243,604,280 | $ 3,924,899 |
| Corporate bonds | 254,833,637 | 4,105,824 |
| Government bonds | 3,284,560 | 52,920 |
| Common/collective trust funds | 15,044,636 | 242,396 |
| Foreign | | |
| Equity group trust funds | 81,455,062 | 1,312,386 |
| Corporate bonds | 28,561,255 | 460,173 |
| | 626,783,430 | 10,098,598 |
| Investments at contract value | | |
| Annuity and immediate participation contracts | 5,937,652 | 95,666 |
| Total investments | 632,721,082 | 10,194,264 |
| Receivables | | |
| Accrued interest and dividends | 4,071,124 | 65,593 |
| Receivables for securities sold | 244 | 4 |
| Other receivables | 3,014 | 49 |
| Total receivables | 4,074,382 | 65,646 |
| Total assets | 636,795,464 | 10,259,910 |
| **Liabilities** | | |
| Payables for securities purchased | 23,222 | 374 |
| Accrued administrative expenses | 283,025 | 4,560 |
| Other liabilities | 7,355 | 120 |
| Total liabilities | 313,602 | 5,054 |
| Net assets available for benefits | $ 636,481,862 | $ 10,254,856 |

The following table presents the net assets available for benefits for the entire Fund held by the Trustee and the Plan's interest in the Fund as of December 31, 2024:

| | Fund Balances | Plan's Interest |
|---|---|---|
| **Assets** | | |
| Investments at fair value | | |
| United States of America | | |
| Equity group trust funds | $ 95,251,363 | $ 1,414,113 |
| Corporate bond group trust funds | 446,225,938 | 6,624,722 |
| Other fixed income group trust funds | 19,153,371 | 284,353 |
| Common/collective trust funds | 8,423,064 | 125,050 |
| Foreign | | |
| Equity group trust funds | 37,019,593 | 549,597 |
| | 606,073,329 | 8,997,835 |
| Investments at contract value | | |
| Annuity and immediate participation contracts | 5,697,414 | 84,584 |
| Total investments | 611,770,743 | 9,082,419 |
| Receivables | | |
| Accrued interest and dividends | 42,415 | 630 |
| Receivables for securities sold | 2,000,259 | 29,696 |
| Total receivables | 2,042,674 | 30,326 |
| Total assets | 613,813,417 | 9,112,745 |
| **Liabilities** | | |
| Payables for securities purchased | 20,825 | 309 |
| Accrued administrative expenses | 366,319 | 5,438 |
| Other liabilities | 2,000,259 | 29,697 |
| Total liabilities | 2,387,403 | 35,444 |
| Net assets available for benefits | $ 611,426,014 | $ 9,077,301 |

The Fund's investment income (loss), including gains (losses) on investments bought and sold, as well as held during the year, appreciation (depreciation), and interest and dividends, are shown below:

| | For the Years Ended December 31, | |
|---|---|---|
| | 2025 | 2024 |
| United States of America | | |
| Equity securities | $ 46,331,192 | $ 20,529,576 |
| Corporate bonds | 26,204,186 | (3,978,490) |
| Government bonds | 1,371,157 | — |
| Foreign | | |
| Equity securities | 1,998,137 | 1,898,030 |
| Corporate bonds | 1,042,780 | — |
| Net appreciation (depreciation) in fair value of Fund investments | 76,947,452 | 18,449,116 |
| Interest and dividends | 17,355,831 | 600,293 |
| Total investment income (loss) | $ 94,303,283 | $ 19,049,409 |

Net appreciation (depreciation) in the fair value of Fund investments consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

**Fund Investments**

Investments in publicly traded securities are valued at the closing sales price on the last day of the year, which is fair value. Investments, such as corporate bonds traded on the over-the-counter ("OTC") market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices, which approximates fair value. Group trust funds and common/collective trust funds are valued at fair value, as they are principally made up of marketable securities which are valued based on quoted market prices, with the remaining investments in the funds' fair value as determined by the investment advisor. The redemption frequency and redemption notice period for the Plan's Level 2 investments are daily.

The Plan is pursuing a well-defined risk management strategy designed to reduce investment risks as its funded status improves. The Plan has adopted a diversified set of portfolio management strategies to optimize the risk reward profile of the Plan.

As part of the Fund's investment strategy, certain investment managers may use derivative financial instruments including fixed income futures, options and swaps as substitutes for certain types of fixed income securities for the following primary reasons: (1) to hedge a part of the Fund's portfolio to contain or lessen exposure in certain areas of risk (e.g. currency risk), (2) to gain market exposure in the portfolio in a more efficient and less expensive manner, (3) to enhance investment returns by decreasing the cost of structuring the portfolio or by capturing pricing disparities between financial instruments, and (4) to adjust the maturity mix of the portfolio more efficiently. These investments are marked-to-market and generally have maturities of six months or less. During 2025 and 2024, derivative transactions were executed in accordance with policies referenced in each investment manager's relevant management agreement and with the Fund's Statement of Investment Policy. The investment managers use exchange-traded investments such as equity and interest rate futures and on occasion, OTC options and forward exchange contracts.

There may be risk exposures associated with some of the derivative transactions. Credit loss could occur due to nonperformance of counterparties associated with these transactions. The investment managers

mitigate these exposures through credit approvals, credit limits and other counterparty monitoring procedures.

The assets of the Plan held by the Fund are commingled. The Company, its independent actuary and the Trustee have maintained a record of the assets of each separate plan in the Fund by crediting contributions and charging disbursements to the balance of the Plan's assets at the start of each year. Returns on investments and administrative expenses are allocated to the participating plans on a monthly basis based on the proportion of each plan's beginning net asset balance to the total beginning net asset balance of the Fund for such period.

**6. Fair Value Measurement**

Certain of the Fund's assets and liabilities are reported at fair value. See Note 5 for methods of valuation for the various investments held by the Fund. Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 "Fair Value Measurement" defines fair value as the value that would be received at the measurement date in the principal or "most advantageous" market. The Fund uses principal market data, whenever available, to value assets and liabilities at fair value. ASC 820 prescribes three valuation techniques that shall be used to measure fair value as follows:

1. Market Approach—uses prices or other relevant information generated by market transactions involving identical or comparable assets or liabilities.
2. Income Approach—uses valuation techniques to convert future amounts to a single present amount (discounted).
3. Cost Approach—the amount that currently would be required to replace the service capacity of an asset (i.e., current replacement cost).

One or a combination of the approaches above can be used to calculate fair value, whichever results in the most representative fair value.

In addition to the three valuation techniques, ASC 820 prescribes a fair value hierarchy in order to increase consistency and comparability in fair value measurements and related disclosures. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

*Level 1 Inputs* — Quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value.

*Level 2 Inputs* — Inputs to the valuation methodology include:
- 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, either directly or indirectly;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3 Inputs* — Unobservable inputs for the asset or liability, which should reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

The methods of investment valuation discussed in Note 5 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the valuation methodologies as of December 31, 2025 and 2024.

The following tables present the fair value hierarchy for the Fund's assets measured at fair value as of December 31, 2025 and 2024:

| | Fair Value Measurements at December 31, 2025 Using | | | |
|---|---|---|---|---|
| **Assets** | **Total** | **Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| U.S. equities | $ 243,604,280 | $ 243,604,280 | $ — | $ — |
| Non-U.S. equities | 81,455,062 | 81,455,062 | — | — |
| Corporate bonds | 283,394,892 | — | 283,394,892 | — |
| Government bonds | 3,284,560 | 3,284,560 | — | — |
| Common/collective trust funds | 15,044,636 | — | 15,044,636 | — |
| Total assets, at fair value | $ 626,783,430 | $ 328,343,902 | $ 298,439,528 | $ — |

| | Fair Value Measurements at December 31, 2024 Using | | | |
|---|---|---|---|---|
| **Assets** | **Total** | **Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| U.S. equity group trust funds | $ 95,251,363 | $ — | $ 95,251,363 | $ — |
| U.S. corporate bond group trust funds – intermediate-term | 414,545 | — | 414,545 | — |
| U.S. corporate bond group trust funds – long-term | 445,811,393 | — | 445,811,393 | — |
| U.S. other fixed income group trust funds | 19,153,371 | — | 19,153,371 | — |
| U.S. common/collective trust funds | 8,423,064 | — | 8,423,064 | — |
| Foreign equity group trust funds | 37,019,593 | — | 37,019,593 | — |
| Total assets, at fair value | $ 606,073,329 | $ — | $ 606,073,329 | $ — |

## 7. Tax Status of Plan

The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740 "Income Taxes" prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be

sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have a material impact on the Plan's financial statements.

The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2025 and 2024.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any tax periods in progress.

**8. Related Party Transactions**

Certain Fund investments are common/collective trust funds held by the Trustee. The Company provides certain accounting and administrative services to the Plan for which no fees are charged. Fees are paid at the Fund level and are allocated to the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

**9. Information Certified by the Trustee**

As permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was derived from the information certified as to completeness and accuracy by the Trustee, and was not subject to audit.

| | As of December 31, | |
|---|---|---|
| | 2025 | 2024 |
| Plan interest in the Trust Fund of the W. R. Grace & Co. Retirement Plans | $ 10,254,856 | $ 9,077,301 |

| | For the Years Ended December 31, | |
|---|---|---|
| | 2025 | 2024 |
| Plan interest in the Trust Fund of the W. R. Grace & Co. Retirement Plans net investment income (loss) | $ 1,365,638 | $ 142,187 |

# W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee

## EIN 13-5114230 PN 134

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

## December 31, 2025

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Trust Fund of the W. R. Grace & Co. Retirement Plans | Interest in Master Trust Investment Account | $ 9,391,860 | $ 10,254,856 |

* Represents a party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

**Number of Participants**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | 3 | | | | | | | | |
| 25-29 | 2 | 4 | | | | | | | | |
| 30-34 | 1 | 2 | 1 | | | | | | | |
| 35-39 | | 4 | 1 | | | | | | | |
| 40-44 | | 2 | 2 | | | | | | | |
| 45-49 | 1 | 6 | 1 | | | | | | | |
| 50-54 | | 2 | 3 | 2 | | | | | | |
| 55-59 | 2 | 2 | 1 | 2 | 1 | 1 | | | 1 | |
| 60-64 | 1 | | 2 | 4 | | | 2 | 2 | | |
| 65-69 | | | | | | | | | | |
| 70+ | | | | | | | | | | |

N-58

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |
| **Retirement Age** | |
| Active Participants | See Table 1. |
| Terminated Vested Participants | See Table 2. |
| **Mortality Rates** | |
| Healthy and Disabled | 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii) |
| **Withdrawal Rates** | See Table 3. |
| **Disability Rates** | See Table 4. |
| **Form of Benefit Payment** | See Table 5. |
| **Decrement Timing** | Beginning of year decrements |
| **Surviving Spouse Benefit** | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses |
| **Benefit Limits** | Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

| | |
|---|---|
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2023 Plan Year | 6.75%<br>The applicable third segment rate limitation is 5.74%. |
| 2024 Plan Year | 6.25%<br>The applicable third segment rate limitation is 5.59%. |
| 2025 Plan Year | 6.75%<br>The applicable third segment rate limitation is 5.50%.<br><br>W. R. Grace determined the expected rate of return on plan assets in aggregate for all of its plans invested in the master trust, since they have the same investment allocations. The expected rate of return reflects aggregated administrative expenses of 0.75% across all plans, an active management alpha of 0.40%, and was determined on an arithmetic basis. |
| **Trust Expenses Included in Target Normal Cost** | $152,183, actual expenses from prior year with a 5.00% load |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | January 1, 2025 |

## Table 1

**Retirement Rates — Active Participants**

| Age | Rate |
|---|---|
| 55 | 3.00% |
| 56 | 4.00% |
| 57 | 5.00% |
| 58 | 6.00% |
| 59 | 6.00% |
| | |
| 60 | 5.00% |
| 61 | 8.00% |
| 62 | 12.00% |
| 63 | 12.00% |
| 64 | 8.00% |
| | |
| 65 | 35.00% |
| 66 | 35.00% |
| 67 | 35.00% |
| 68 | 35.00% |
| 69 | 40.00% |
| | |
| 70+ | 100.00% |

## Table 2

**Retirement Rates — Terminated Vested Participants**

| Age | Rate |
|---|---|
| 55 | 7.00% |
| 56 | 5.00% |
| 57 | 5.00% |
| 58 | 5.00% |
| 59 | 7.00% |
| | |
| 60 | 9.00% |
| 61 | 7.00% |
| 62 | 10.00% |
| 63 | 9.00% |
| 64 | 15.00% |
| | |
| 65+ | 100.00% |

## Table 3

**Withdrawal Rates**

| | Years of Service | | |
|---|---|---|---|
| **Age** | **<5** | **5–9** | **10+** |
| <20 | 11.00% | 10.00% | 9.00% |
| | | | |
| 20 | 11.00% | 10.00% | 9.00% |
| 21 | 11.00% | 10.00% | 9.00% |
| 22 | 11.00% | 10.00% | 9.00% |
| 23 | 11.00% | 10.00% | 9.00% |
| 24 | 11.00% | 10.00% | 9.00% |
| | | | |
| 25 | 11.00% | 10.00% | 9.00% |
| 26 | 11.00% | 10.00% | 9.00% |
| 27 | 11.00% | 10.00% | 9.00% |
| 28 | 10.00% | 9.00% | 9.00% |
| 29 | 10.00% | 9.00% | 9.00% |
| | | | |
| 30 | 10.00% | 9.00% | 9.00% |
| 31 | 9.00% | 9.00% | 9.00% |
| 32 | 9.00% | 9.00% | 9.00% |
| 33 | 9.00% | 9.00% | 9.00% |
| 34 | 9.00% | 9.00% | 9.00% |
| | | | |
| 35 | 9.00% | 8.00% | 8.00% |
| 36 | 9.00% | 8.00% | 8.00% |
| 37 | 8.00% | 8.00% | 8.00% |
| 38 | 8.00% | 8.00% | 7.00% |
| 39 | 8.00% | 8.00% | 7.00% |

## Table 3 continued

**Withdrawal Rates**

| | Years of Service | | |
|---|---|---|---|
| **Age** | **<5** | **5–9** | **10+** |
| 40 | 8.00% | 8.00% | 6.00% |
| 41 | 8.00% | 7.00% | 6.00% |
| 42 | 7.00% | 7.00% | 5.00% |
| 43 | 7.00% | 7.00% | 5.00% |
| 44 | 7.00% | 7.00% | 5.00% |
| | | | |
| 45 | 7.00% | 7.00% | 5.00% |
| 46 | 7.00% | 7.00% | 5.00% |
| 47 | 7.00% | 7.00% | 5.00% |
| 48 | 7.00% | 7.00% | 5.00% |
| 49 | 7.00% | 7.00% | 4.00% |
| | | | |
| 50 | 7.00% | 7.00% | 4.00% |
| 51 | 7.00% | 7.00% | 3.00% |
| 52 | 7.00% | 6.00% | 3.00% |
| 53 | 7.00% | 6.00% | 2.00% |
| 54 | 7.00% | 6.00% | 2.00% |
| | | | |
| 55+ | 0.00% | 0.00% | 0.00% |

# Table 4

**Disability Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 18 | 0.04% | 45 | 0.16% |
| 19 | 0.04% | 46 | 0.19% |
| | | 47 | 0.22% |
| 20 | 0.04% | 48 | 0.26% |
| 21 | 0.04% | 49 | 0.29% |
| 22 | 0.04% | | |
| 23 | 0.04% | 50 | 0.33% |
| 24 | 0.04% | 51 | 0.37% |
| | | 52 | 0.41% |
| 25 | 0.04% | 53 | 0.45% |
| 26 | 0.05% | 54 | 0.50% |
| 27 | 0.05% | | |
| 28 | 0.05% | 55 | 0.55% |
| 29 | 0.05% | 56 | 0.61% |
| | | 57 | 0.72% |
| 30 | 0.05% | 58 | 0.83% |
| 31 | 0.05% | 59 | 0.91% |
| 32 | 0.05% | | |
| 33 | 0.06% | 60 | 1.04% |
| 34 | 0.06% | 61 | 1.19% |
| | | 62 | 1.37% |
| 35 | 0.06% | 63 | 1.57% |
| 36 | 0.07% | 64 | 2.04% |
| 37 | 0.07% | | |
| 38 | 0.07% | 65+ | 0.00% |
| 39 | 0.08% | | |
| | | | |
| 40 | 0.08% | | |
| 41 | 0.09% | | |
| 42 | 0.09% | | |
| 43 | 0.10% | | |
| 44 | 0.13% | | |

## Table 5

**Form of Benefit Payment**

| Payment Form | Probability |
|---|---|
| Single Life Annuity | 45.00% |
| 10 Year Certain and Life | 5.00% |
| 100% Joint and Survivor Annuity | 20.00% |
| 75% Joint and Survivor Annuity | 5.00% |
| 66% Joint and Survivor Annuity | 5.00% |
| 50% Joint and Survivor Annuity | 20.00% |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
W.R. GRACE & CO. - CT -RET. PLAN FOR HOURLY EES. - TENNESSEE

**B** Three-digit plan number (PN) ▶ 134

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
W. R. GRACE & CO. -CT

**D** Employer Identification Number (EIN)
13-5114230

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 9,494,095 |
| **b** Actuarial value | **2b** | 9,514,077 |

**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 | 53 | 6,725,453 | 6,725,453 |
| **b** For terminated vested participants | 23 | 585,935 | 585,935 |
| **c** For active participants | 58 | 1,863,510 | 1,975,922 |
| **d** Total | 134 | 9,174,898 | 9,287,310 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **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** | 5.36% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 147,594 |
| **b** Expected plan-related expenses | **6b** | 152,183 |
| **c** Target normal cost | **6c** | 299,777 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

TRICIA SCHWABENBAUER

Signature of actuary

09/17/2026
Date

TRICIA SCHWABENBAUER
Type or print name of actuary

2607200
Most recent enrollment number

AON CONSULTING, INC.
Firm name

410-547-2990
Telephone number (including area code)

MSC# 17852, AON
PO BOX 7505
FORT WASHINGTON PA 19034
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 287,326 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 280,413 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 6,913 |
| 10 | Interest on line 9 using prior year's actual return of 3.18% | 0 | 220 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 321,925 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10% | | 2,117 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 8,917 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 332,959 |
| | d Portion of (c) to be added to prefunding balance | | 332,959 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 340,092 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 98.77% |
| 15 | Adjusted funding target attainment percentage | 15 | 102.44% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 98.84% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/13/2026 | 314,000 | 0 | | | |
| | | | | | |
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| | | | | | |
| | | | Totals ► 18(b) | 314,000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 293,709 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.07 % | 5.31 % | 5.50% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 63 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

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

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 299,777 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 113,325 | 13,514 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 313,291 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 313,291 | 313,291 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 293,709 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 293,709 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 293,709 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

| Date | Amount | Days to Discount to 1/1/2025 at 5.36% | Interest Adjusted Contribution |
|---|---|---|---|
| April 13, 2026 | $ 314,000 | 467 | $ 293,709 |
| Total Contribution | $ 314,000 | | $ 293,709 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55 | 3.00% | 1.0000 | 1.65 |
| 56 | 4.00% | 0.9700 | 2.17 |
| 57 | 5.00% | 0.9312 | 2.65 |
| 58 | 6.00% | 0.8846 | 3.08 |
| 59 | 6.00% | 0.8316 | 2.94 |
| 60 | 5.00% | 0.7817 | 2.35 |
| 61 | 8.00% | 0.7426 | 3.62 |
| 62 | 12.00% | 0.6832 | 5.08 |
| 63 | 12.00% | 0.6012 | 4.55 |
| 64 | 8.00% | 0.5291 | 2.71 |
| 65 | 35.00% | 0.4867 | 11.07 |
| 66 | 35.00% | 0.3164 | 7.31 |
| 67 | 35.00% | 0.2056 | 4.82 |
| 68 | 35.00% | 0.1337 | 3.18 |
| 69 | 40.00% | 0.0869 | 2.40 |
| 70 | 100.00% | 0.0521 | 3.65 |
| | Weighted Average | | 63.23 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |
| **Retirement Age** | |
| Active Participants | See Table 1. |
| Terminated Vested Participants | See Table 2. |
| **Mortality Rates** | |
| Healthy and Disabled | 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii) |
| **Withdrawal Rates** | See Table 3. |
| **Disability Rates** | See Table 4. |
| **Form of Benefit Payment** | See Table 5. |
| **Decrement Timing** | Beginning of year decrements |
| **Surviving Spouse Benefit** | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses |
| **Benefit Limits** | Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

| | |
|---|---|
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2023 Plan Year | 6.75%<br>The applicable third segment rate limitation is 5.74%. |
| 2024 Plan Year | 6.25%<br>The applicable third segment rate limitation is 5.59%. |
| 2025 Plan Year | 6.75%<br>The applicable third segment rate limitation is 5.50%.<br><br>W. R. Grace determined the expected rate of return on plan assets in aggregate for all of its plans invested in the master trust, since they have the same investment allocations. The expected rate of return reflects aggregated administrative expenses of 0.75% across all plans, an active management alpha of 0.40%, and was determined on an arithmetic basis. |
| **Trust Expenses Included in Target Normal Cost** | $152,183, actual expenses from prior year with a 5.00% load |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | January 1, 2025 |

## Table 1

**Retirement Rates — Active Participants**

| Age | Rate |
|---|---|
| 55 | 3.00% |
| 56 | 4.00% |
| 57 | 5.00% |
| 58 | 6.00% |
| 59 | 6.00% |
| | |
| 60 | 5.00% |
| 61 | 8.00% |
| 62 | 12.00% |
| 63 | 12.00% |
| 64 | 8.00% |
| | |
| 65 | 35.00% |
| 66 | 35.00% |
| 67 | 35.00% |
| 68 | 35.00% |
| 69 | 40.00% |
| | |
| 70+ | 100.00% |

## Table 2

**Retirement Rates — Terminated Vested Participants**

| Age | Rate |
|---|---|
| 55 | 7.00% |
| 56 | 5.00% |
| 57 | 5.00% |
| 58 | 5.00% |
| 59 | 7.00% |
| | |
| 60 | 9.00% |
| 61 | 7.00% |
| 62 | 10.00% |
| 63 | 9.00% |
| 64 | 15.00% |
| | |
| 65+ | 100.00% |

## Table 3

**Withdrawal Rates**

| | Years of Service | | |
|---|---|---|---|
| **Age** | **<5** | **5–9** | **10+** |
| <20 | 11.00% | 10.00% | 9.00% |
| | | | |
| 20 | 11.00% | 10.00% | 9.00% |
| 21 | 11.00% | 10.00% | 9.00% |
| 22 | 11.00% | 10.00% | 9.00% |
| 23 | 11.00% | 10.00% | 9.00% |
| 24 | 11.00% | 10.00% | 9.00% |
| | | | |
| 25 | 11.00% | 10.00% | 9.00% |
| 26 | 11.00% | 10.00% | 9.00% |
| 27 | 11.00% | 10.00% | 9.00% |
| 28 | 10.00% | 9.00% | 9.00% |
| 29 | 10.00% | 9.00% | 9.00% |
| | | | |
| 30 | 10.00% | 9.00% | 9.00% |
| 31 | 9.00% | 9.00% | 9.00% |
| 32 | 9.00% | 9.00% | 9.00% |
| 33 | 9.00% | 9.00% | 9.00% |
| 34 | 9.00% | 9.00% | 9.00% |
| | | | |
| 35 | 9.00% | 8.00% | 8.00% |
| 36 | 9.00% | 8.00% | 8.00% |
| 37 | 8.00% | 8.00% | 8.00% |
| 38 | 8.00% | 8.00% | 7.00% |
| 39 | 8.00% | 8.00% | 7.00% |

## Table 3 continued

**Withdrawal Rates**

| | Years of Service | | |
|---|---|---|---|
| **Age** | **<5** | **5–9** | **10+** |
| 40 | 8.00% | 8.00% | 6.00% |
| 41 | 8.00% | 7.00% | 6.00% |
| 42 | 7.00% | 7.00% | 5.00% |
| 43 | 7.00% | 7.00% | 5.00% |
| 44 | 7.00% | 7.00% | 5.00% |
| | | | |
| 45 | 7.00% | 7.00% | 5.00% |
| 46 | 7.00% | 7.00% | 5.00% |
| 47 | 7.00% | 7.00% | 5.00% |
| 48 | 7.00% | 7.00% | 5.00% |
| 49 | 7.00% | 7.00% | 4.00% |
| | | | |
| 50 | 7.00% | 7.00% | 4.00% |
| 51 | 7.00% | 7.00% | 3.00% |
| 52 | 7.00% | 6.00% | 3.00% |
| 53 | 7.00% | 6.00% | 2.00% |
| 54 | 7.00% | 6.00% | 2.00% |
| | | | |
| 55+ | 0.00% | 0.00% | 0.00% |

# Table 4

**Disability Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 18 | 0.04% | 45 | 0.16% |
| 19 | 0.04% | 46 | 0.19% |
| | | 47 | 0.22% |
| 20 | 0.04% | 48 | 0.26% |
| 21 | 0.04% | 49 | 0.29% |
| 22 | 0.04% | | |
| 23 | 0.04% | 50 | 0.33% |
| 24 | 0.04% | 51 | 0.37% |
| | | 52 | 0.41% |
| 25 | 0.04% | 53 | 0.45% |
| 26 | 0.05% | 54 | 0.50% |
| 27 | 0.05% | | |
| 28 | 0.05% | 55 | 0.55% |
| 29 | 0.05% | 56 | 0.61% |
| | | 57 | 0.72% |
| 30 | 0.05% | 58 | 0.83% |
| 31 | 0.05% | 59 | 0.91% |
| 32 | 0.05% | | |
| 33 | 0.06% | 60 | 1.04% |
| 34 | 0.06% | 61 | 1.19% |
| | | 62 | 1.37% |
| 35 | 0.06% | 63 | 1.57% |
| 36 | 0.07% | 64 | 2.04% |
| 37 | 0.07% | | |
| 38 | 0.07% | 65+ | 0.00% |
| 39 | 0.08% | | |
| | | | |
| 40 | 0.08% | | |
| 41 | 0.09% | | |
| 42 | 0.09% | | |
| 43 | 0.10% | | |
| 44 | 0.13% | | |

## Table 5

**Form of Benefit Payment**

| Payment Form | Probability |
|---|---|
| Single Life Annuity | 45.00% |
| 10 Year Certain and Life | 5.00% |
| 100% Joint and Survivor Annuity | 20.00% |
| 75% Joint and Survivor Annuity | 5.00% |
| 66% Joint and Survivor Annuity | 5.00% |
| 50% Joint and Survivor Annuity | 20.00% |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, Part V — Summary of Plan Provisions

**General Information**

| | |
|---|---|
| Original Effective Date | January 10, 1977 |
| Effective Date of Last Amendment | January 1, 2006 |
| Plan Year | January 1 to December 31 |
| Employer Fiscal Year | January 1 to December 31 |
| Employer ID Number | 13-5114230 |
| Plan Administrator's ID Number | 13-5114230 |
| Plan Number | 134 |
| Plan Administrator | Administrative Committee |
| **Eligibility** | Date of hire. |
| **Service** | |
| Credited Service | From date of hire (maximum of 45 years). |
| Vesting Service | 1,000 hours of service. |
| **Normal Retirement** | |
| Eligibility | Age 65. |
| Benefit | Benefit level per month multiplied by credited service: |

| Effective Date | Benefit Level |
|---|---|
| September 1, 2005 | $50.00<br>Plus 1/36 of contribution |

| | |
|---|---|
| **Average Compensation** | N/A |
| **Early Retirement** | |
| Eligibility | Age 55. |
| Benefit | Accrued benefit reduced 1/6% per month preceding age 62. No reduction at Rule of 90 (age plus service equals 90 or more). |
| **Disability Retirement** | |
| Eligibility | Age 45 and 10 years of service or 15 years of service. |
| Benefit | Accrued benefit. |

| | |
|---|---|
| **Postponed Retirement** | |
| Eligibility | Actual retirement after age 65. |
| Benefit | A monthly benefit equal to the accrued benefit calculated as of the actual retirement date. |
| **Preretirement Death** | |
| Eligibility | Five years of service or age 55. |
| Benefit | Accrued benefit at age 55. |
| **Severance Benefit** | |
| Eligibility | |
| Fewer Than Five Years of Service | 0% |
| Five or More Years of Service | 100% |
| Benefit | Accrued benefit at age 65. |
| **Normal Form of Payment** | |
| Married | Reduced 50% joint and survivor. |
| Single | Life annuity. |
| **Optional Methods of Settlement** | Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, 66%, or 50% is paid to his beneficiary.<br>Increased retirement benefit paid prior to Social Security benefit eligibility and reduced benefit paid thereafter in order to provide a uniform income.<br>A reduced benefit to be paid for 120 months certain and thereafter for life. |

For the purpose of calculating a joint and survivor optional form of benefit the following factors (as adjusted) shall be applied:

| J&S Option | (1) Participant and Beneficiary Age 65 Nearest Birthday | (2) Adjustment for Retirement Age[1] | (3) Adjustment for Age Difference Between Participant and Beneficiary[2] | |
|---|---|---|---|---|
| | | | Years 1–10 | Years 11 & Over |
| 50% | 0.88 | 0.004 | 0.005 | 0.003 |
| 66.67% | 0.85 | 0.005 | 0.006 | 0.003 |
| 75% | 0.82 | 0.006 | 0.007 | 0.005 |
| 100% | 0.78 | 0.007 | 0.008 | 0.005 |

In no event shall the factor in column (1) exceed 0.99 on account of an increase thereof provided under column (2) or column (3), or both.

For the purpose of calculating any other optional form of benefit available, mortality with reference to the UP 84 mortality table and 6.50% interest.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

[1] Increase/decrease factor in column (1) by appropriate factor in column (2) for each year, based on nearest birthday, participant retires before/after age 65, respectively.

[2] Decrease/increase factor in column (1) by appropriate factor in column (3) for each year, based on nearest birthday, beneficiary is younger/older than participant, respectively.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.25% to 6.75%.

This change was made to better reflect the anticipated plan experience. The funding assumption changes did not reduce the funding shortfall more than the funding thresholds stated in the Internal Revenue Code section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

**Number of Participants**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | 3 | | | | | | | | |
| 25-29 | 2 | 4 | | | | | | | | |
| 30-34 | 1 | 2 | 1 | | | | | | | |
| 35-39 | | 4 | 1 | | | | | | | |
| 40-44 | | 2 | 2 | | | | | | | |
| 45-49 | 1 | 6 | 1 | | | | | | | |
| 50-54 | | 2 | 3 | 2 | | | | | | |
| 55-59 | 2 | 2 | 1 | 2 | 1 | 1 | | | 1 | |
| 60-64 | 1 | | 2 | 4 | | | 2 | 2 | | |
| 65-69 | | | | | | | | | | |
| 70+ | | | | | | | | | | |

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Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 480,853 | January 1, 2023 | 13 | $ 49,420 |
| Shortfall | $ (371,170) | January 1, 2024 | 14 | $ (36,246) |
| Shortfall | $ 3,642 | January 1, 2025 | 15 | $ 340 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

| Date | Amount | Days to Discount to 1/1/2025 at 5.36% | Interest Adjusted Contribution |
|---|---|---|---|
| April 13, 2026 | $ 314,000 | 467 | $ 293,709 |
| Total Contribution | $ 314,000 | | $ 293,709 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55 | 3.00% | 1.0000 | 1.65 |
| 56 | 4.00% | 0.9700 | 2.17 |
| 57 | 5.00% | 0.9312 | 2.65 |
| 58 | 6.00% | 0.8846 | 3.08 |
| 59 | 6.00% | 0.8316 | 2.94 |
| 60 | 5.00% | 0.7817 | 2.35 |
| 61 | 8.00% | 0.7426 | 3.62 |
| 62 | 12.00% | 0.6832 | 5.08 |
| 63 | 12.00% | 0.6012 | 4.55 |
| 64 | 8.00% | 0.5291 | 2.71 |
| 65 | 35.00% | 0.4867 | 11.07 |
| 66 | 35.00% | 0.3164 | 7.31 |
| 67 | 35.00% | 0.2056 | 4.82 |
| 68 | 35.00% | 0.1337 | 3.18 |
| 69 | 40.00% | 0.0869 | 2.40 |
| 70 | 100.00% | 0.0521 | 3.65 |
| | Weighted Average | | 63.23 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, Part V — Summary of Plan Provisions

**General Information**

| | |
|---|---|
| Original Effective Date | January 10, 1977 |
| Effective Date of Last Amendment | January 1, 2006 |
| Plan Year | January 1 to December 31 |
| Employer Fiscal Year | January 1 to December 31 |
| Employer ID Number | 13-5114230 |
| Plan Administrator's ID Number | 13-5114230 |
| Plan Number | 134 |
| Plan Administrator | Administrative Committee |
| **Eligibility** | Date of hire. |
| **Service** | |
| Credited Service | From date of hire (maximum of 45 years). |
| Vesting Service | 1,000 hours of service. |
| **Normal Retirement** | |
| Eligibility | Age 65. |
| Benefit | Benefit level per month multiplied by credited service: |

| Effective Date | Benefit Level |
|---|---|
| September 1, 2005 | $50.00<br>Plus 1/36 of contribution |

| | |
|---|---|
| **Average Compensation** | N/A |
| **Early Retirement** | |
| Eligibility | Age 55. |
| Benefit | Accrued benefit reduced 1/6% per month preceding age 62. No reduction at Rule of 90 (age plus service equals 90 or more). |
| **Disability Retirement** | |
| Eligibility | Age 45 and 10 years of service or 15 years of service. |
| Benefit | Accrued benefit. |

| | |
|---|---|
| **Postponed Retirement** | |
| Eligibility | Actual retirement after age 65. |
| Benefit | A monthly benefit equal to the accrued benefit calculated as of the actual retirement date. |
| **Preretirement Death** | |
| Eligibility | Five years of service or age 55. |
| Benefit | Accrued benefit at age 55. |
| **Severance Benefit** | |
| Eligibility | |
| Fewer Than Five Years of Service | 0% |
| Five or More Years of Service | 100% |
| Benefit | Accrued benefit at age 65. |
| **Normal Form of Payment** | |
| Married | Reduced 50% joint and survivor. |
| Single | Life annuity. |
| **Optional Methods of Settlement** | Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, 66%, or 50% is paid to his beneficiary.<br>Increased retirement benefit paid prior to Social Security benefit eligibility and reduced benefit paid thereafter in order to provide a uniform income.<br>A reduced benefit to be paid for 120 months certain and thereafter for life. |

For the purpose of calculating a joint and survivor optional form of benefit the following factors (as adjusted) shall be applied:

| J&S Option | (1) Participant and Beneficiary Age 65 Nearest Birthday | (2) Adjustment for Retirement Age[1] | (3) Adjustment for Age Difference Between Participant and Beneficiary[2] | |
|---|---|---|---|---|
| | | | Years 1–10 | Years 11 & Over |
| 50% | 0.88 | 0.004 | 0.005 | 0.003 |
| 66.67% | 0.85 | 0.005 | 0.006 | 0.003 |
| 75% | 0.82 | 0.006 | 0.007 | 0.005 |
| 100% | 0.78 | 0.007 | 0.008 | 0.005 |

In no event shall the factor in column (1) exceed 0.99 on account of an increase thereof provided under column (2) or column (3), or both.

For the purpose of calculating any other optional form of benefit available, mortality with reference to the UP 84 mortality table and 6.50% interest.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

[1] Increase/decrease factor in column (1) by appropriate factor in column (2) for each year, based on nearest birthday, participant retires before/after age 65, respectively.

[2] Decrease/increase factor in column (1) by appropriate factor in column (3) for each year, based on nearest birthday, beneficiary is younger/older than participant, respectively.

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

# W. R. Grace & Co.-Conn. Retirement Plan for Hourly Employees - Tennessee

## EIN 13-5114230 PN 134

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

## December 31, 2025

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Trust Fund of the W. R. Grace & Co. Retirement Plans | Interest in Master Trust Investment Account | $ 9,391,860 | $ 10,254,856 |

* Represents a party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500) —2025 Plan Year
W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
EIN: 13-5114230 PN: 134

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 480,853 | January 1, 2023 | 13 | $ 49,420 |
| Shortfall | $ (371,170) | January 1, 2024 | 14 | $ (36,246) |
| Shortfall | $ 3,642 | January 1, 2025 | 15 | $ 340 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# W. R. Grace & Co.-CT -Ret. Plan for Hourly Ees. -Tennessee
# EIN: 13-5114230 PN: 134

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.25% to 6.75%.

This change was made to better reflect the anticipated plan experience. The funding assumption changes did not reduce the funding shortfall more than the funding thresholds stated in the Internal Revenue Code section 430(h)(5); as such, approval of the Commissioner is not required.