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
IMERYS USA PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/01/1971

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)
IMERYS USA, INC.

100 MANSELL COURT EAST
ROSWELL, GA 30076

2b Employer Identification Number (EIN) 23-2617050

2c Plan Sponsor's telephone number 770-645-3300

2d Business code (see instructions) 212320

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.	10/09/2026	ANNE AMBROSE
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	169
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)**	151
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	23
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	38
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	38
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	13781626
b Actuarial value	**2b**	13781626

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	5	771941	771941
b For terminated vested participants	13	1287930	1287930
c For active participants	151	10659677	11401186
d Total	169	12719548	13461057

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	220482
b Expected plan-related expenses	**6b**	160000
c Target normal cost	**6c**	380482

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

10/09/2026
Date

MELISSA C. PANARESE
Type or print name of actuary

26-06208
Most recent enrollment number

MERCER
Firm name

404-442-3100
Telephone number (including area code)

3560 LENOX ROAD, SUITE 2400
ATLANTA, GA 30326
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.48 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		874293
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 5.13 %		44851
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		919144
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.38 %
15	Adjusted funding target attainment percentage	15	102.38 %
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	100.28 %
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
09/15/2026	65535	0			
			Totals ► 18(b)	65535	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	59927

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] 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 [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	380482
b Excess assets, if applicable, but not greater than line 31a	**31b**	320569

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	59913

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	59913
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	59927
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	14
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	366831	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	197770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	193862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ALSTON & BIRD LLC

58-0137615

(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?
29	NONE	77717	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMERICA BANK

42-1741646

(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?
21	NONE	53101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WARREN AVERETT, LLC

63-1229657

(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?
10	NONE	24000	Yes [ ] No [X]	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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

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: IMERYS USA, INC. MASTER TRUST

b Name of sponsor of entity listed in (a): IMERYS USA, INC.

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)
20-3617354-001	M	9586031

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

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

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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

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)	0	65535
(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)	61303925	9586031
(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	61303925	9651566
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	47522299	3438336
1k Total liabilities (add all amounts in lines 1g through1j)	1k	47522299	3438336
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13781626	6213230

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)	65535	
(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)		65535
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)		4381116
(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		566
d Total income. Add all **income** amounts in column (b) and enter total	2d		4447217
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4254937	
(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)		4254937
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)	197770	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	24000	
(5) Investment advisory and investment management fees	2i(5)	193862	
(6) Bank or trust company trustee/custodial fees	2i(6)	53101	
(7) Actuarial fees	2i(7)	366831	
(8) Legal fees	2i(8)	77717	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	17914	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		931195
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5186132
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-738915
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		6829481

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)** [X] 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: WARREN AVERETT LLC **(2)** EIN: 45-4084437

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		15000000
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)
IMERYS USA, INC. RETIREMENT GROWTH ACCOUNT PLAN	23-2617050	001

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 590169.

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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

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): 20-3617354

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** 6

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_____.

IMERYS USA, INC.
PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

Warren Averett
CPAs AND ADVISORS
www.warrenaverett.com

The report accompanying this deliverable was issued by Warren Averett, LLC.

IMERYS USA, INC.
PENSION PLAN
TABLE OF CONTENTS
DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITORS' REPORT 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to the Financial Statements 6

Warren Averett
CPAs AND ADVISORS

3500 Lenox Road, Suite 1600
Atlanta, GA 30326
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INDEPENDENT AUDITORS' REPORT

To the Retirement Committee of
Imerys USA, Inc. Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Imerys USA, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 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 (GAAP).
- 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS we:

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

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

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 GAAP.

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.

Warren Averett, LLC

Atlanta, Georgia
September 29, 2026

IMERYS USA, INC.
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS/LIABILITIES		
Plan's investment in the Master Trust, at fair value	$ 9,586,031	$ 61,303,925
Emnployer contribution receivable	65,535	-
Due to affiliated plan (see Note 1)	(3,438,336)	(47,522,299)
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,213,230	$ 13,781,626

See notes to the financial statements.

IMERYS USA, INC.
PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS		
Net investment gain from interest in the Master Trust	$ 4,381,682	$ 1,870,745
Sponsor contributions	65,535	2,160,000
Benefits paid to participants	(4,254,937)	(4,054,954)
Administrative expenses and other	(931,195)	(815,335)
NET DECREASE IN NET ASSETS PRIOR TO TRANSFER (SEE NOTE 1)	(738,915)	(839,544)
TRANSFER TO AFFILIATED PLAN (SEE NOTE 1)	(6,829,481)	(47,522,299)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	13,781,626	62,143,469
END OF YEAR	$ 6,213,230	$ 13,781,626

See notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Imerys USA, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more information.

General

The Plan is a noncontributory defined benefit plan covering certain hourly wage employees of Imerys USA, Inc. (the Plan Sponsor or the Company). Some of the hourly wage employees are represented by bargaining units that have adopted the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

During the periods presented, the benefits of substantially all of the Plan's participants and beneficiaries were transferred to the Imerys USA, Inc. Retirement Growth Account Plan (the RGA Plan), an affiliated defined benefit plan sponsored by the Company, pursuant to two actions of the Company's Board of Directors, as described under Plan Transfers below.

Plan Transfers

On December 20, 2024, the Board of Directors of the Company authorized and approved the transfer to the RGA Plan of the benefits of all participants and beneficiaries who (a) were not accruing benefits under the Plan as of January 1, 2024 and (b) remained participants or beneficiaries of the Plan as of the close of business on December 31, 2024.

The transfer included all benefits accrued by such participants and beneficiaries as defined by the Plan, together with the benefits accrued by those participants and beneficiaries who were not accruing benefits as of that date, as defined by the Plan. Participants and beneficiaries whose benefits were transferred ceased to be participants and beneficiaries of the Plan and became participants and beneficiaries of the RGA Plan effective January 1, 2025.

Net assets of $47,522,299 attributable to the transferred benefits were recorded as a liability due to an affiliated plan in the statement of net assets available for benefits as of December 31, 2024, with the related assets transferred to the RGA Plan in January 2025. The actuarial present value of accumulated plan benefits transferred was $46,764,480, as further described in Note 6.

On May 9, 2025, the Board of Directors approved the freezing of all benefit accruals of affected participants, as defined, of the Plan effective June 30, 2025, and the transfer to the RGA Plan, as of the end of the day on June 30, 2025, of all participants and beneficiaries with benefits accrued under the specific provisions of the Plan, as defined. These provisions cover employees of Imerys Carbonates USA, Inc. employed at its Sylacauga, Alabama location who are members of the collective bargaining unit represented by United Steelworkers Local Union 9-0516. No benefits accrue for these participants on or after June 30, 2025. Net assets of $3,391,145 attributable to these impacted participants were transferred to the RGA Plan during the year ended December 31, 2025 and are reflected as a transfer to affiliated plan in the statement of changes in net assets available for benefits.

In addition, the due to affiliated plan within the statement of net assets available for benefits as of December 31, 2025 includes a surplus amount estimated as of January 1, 2026 that will only be

transferred to the extent needed to fund the RGA Plan termination gap after the annuity buyout for the Plan. The updated estimate of $3,438,336 reflects actual benefit payments and monthly trust returns of plan assets from January 1, 2025 to December 31, 2025 per the Trustee.

Each transfer above was effected in accordance with the requirements of Section 414(l) of the Internal Revenue Code (the Code) and the Treasury Regulations issued thereunder. No accrued benefit, early retirement benefit, retirement-type subsidy or optional form of benefit protected under Section 411(d)(6) of the Code with respect to benefits accrued as of the respective transfer dates was reduced or eliminated as a result of the transfers.

Accrual of Benefits
Following the transfers described above, benefit accruals have been frozen for all groups covered by the Plan. Each participant with a frozen accrued benefit continues to be a participant in the Plan for the limited purpose of accruing years of vesting service for vesting purposes and for purposes of determining his or her eligibility for an early retirement benefit under the terms of the Plan.

Participating Units and Benefit Freezes
The following description of the units that have adopted the Plan, and of the related benefit freezes, is provided for historical context and includes provisions applicable to participants and beneficiaries whose benefits were transferred to the RGA Plan.

The following units have adopted the Plan:

- Bargaining unit employees of Imerys Marble at the Tate, Nelson and Marble Hill plants and quarries who are members of LIUNA Construction, Journeymen, Stonecutters, and Industrial Local 752, affiliated with the Laborers' International Union of North America, AFL-CIO (the Tate and Nelson facilities were sold or closed in 2002 and 2003). The Plan was amended to provide that employees hired or rehired by Imerys Marble, Inc. on or after January 1, 2011 who are members of that collective bargaining unit are not eligible to participate in the Plan.
- Employees of the Whitestone Division of Imerys Marble, Inc. who were participants in the Pension Plan for Hourly Employees of The Georgia Marble Company on December 31, 1999 and whose compensation was calculated on an hourly and/or piecework basis, or who were members of United Steelworkers of America, Local 8358, or its successor, United Steelworkers of America AFL-CIO/CLC Local 2401, at any time on or after December 31, 1999. Effective December 31, 1999, benefits were frozen for all non-union members. Effective December 31, 2014, Whitestone union employees hired after December 31, 2014 were no longer eligible to participate in the Plan or to accrue any benefits under the Plan.
- Bargaining unit employees of Imerys Kaolin, Inc. at the Dry Branch, Georgia location who are members of the collective bargaining unit represented by the Paper, Allied-Industrial, Chemical and Energy Workers International Union, AFL-CIO, Local 3-0232.

- Non-union employees employed at one of the following locations of Imerys Marble, Inc.: (1) the Tate (sold), Nelson (closed), Marble Hill and Dalton, Georgia plants and quarries; (2) the plant and quarry in Tucson, Arizona; (3) the plant and quarry in Gouverneur, New York; (4) the JIMCO Stone Center in Atlanta (sold); (5) the plant and quarry in Wheatland, Wyoming (closed); or (6) Central Granite in Elberton, Georgia (sold). All accrued benefits were frozen as of December 31, 1999.
- Employees of Imerys Kaolin, Inc. at the Jeffersonville, Georgia location who are members of the collective bargaining unit represented by the United Paperworkers International. All accrued benefits ceased effective March 7, 2000.
- Bargaining unit employees of Imerys Carbonates, LLC at the Sylacauga, Alabama location who were members of the collective bargaining unit represented by United Paperworkers International Local 50516 or who were compensated on an hourly basis. All accrued benefits were frozen as of June 1, 1999 for all hourly non-union participants covered under the Plan.
- Employees of Imerys Carbonates, LLC at the Sylacauga, Alabama location who are members of the collective bargaining unit represented by Paper, Allied-Industrial, Chemical and Energy Workers International Union, Local 3-0516. Benefit accruals for these employees were frozen effective June 30, 2025, as described under Plan Transfers above.
- Hourly employees of UCM Magnesia, Inc. who are members of the collective bargaining unit represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local 200-A.

Effective with the close of business on December 31, 2013, the Celite Hourly Retirement Plan; the Imerys Talc America, Inc. Retirement Plan for Three Forks Hourly Employees; and the Imerys Talc America, Inc. Retirement Plan for Windsor Hourly Employees (the Merged Plans) were merged into the Plan. In conjunction with the Merged Plans, the following groups became eligible to participate in the Plan:

- Bargaining unit employees of Imerys Talc America, Inc. employed at the Three Forks Plant who are covered by the United Cement, Lime and Gypsum Workers Division of the Boilermakers International Union;
- Bargaining unit employees of Imerys Talc America, Inc. employed at the Windsor Mill, the Ludlow Mill, the Ludlow Shipping Center and the Ludlow Mine who are covered by the Cement, Lime, Gypsum and Allied Workers Division of the Brotherhood of Boilermakers International AFL-CIO Local Lodge D449 collective bargaining agreement; and
- Eligible employees, as defined, of Imerys Filtration Minerals, Inc.; Imerys Minerals California, Inc.; and Imerys Perlite USA, Inc.

Effective February 28, 2014, an employee of Imerys Minerals California, Inc. at the Lompoc Plant who is represented by the International Chemical Workers Union/C-UFCW, Local 146-C, is no longer eligible to participate in the Plan unless such employee was already a participant in the Plan on February 28, 2014.

Effective June 30, 2015, the Plan was amended to freeze benefit accruals under the Plan for the non-collectively bargained hourly employees of Kentucky-Tennessee Clay Company.

Effective February 7, 2016, the Plan was amended to freeze the participation of the collectively bargained employees at the Sylacauga location in accordance with the terms of the collective bargaining agreement covering those employees.

Effective December 31, 2017, the accrued benefits for all participants who are members of the collective bargaining unit represented by Laborers' Local 515, affiliated with the Laborers' International Union of North America, were frozen. As of January 1, 2018, each eligible participant under this unit with a frozen accrued benefit under the terms of the Plan continues to be a participant in the Plan for the limited purpose of accruing years of vesting service for vesting purposes and for purposes of determining his or her eligibility for an early retirement benefit under the terms of the Plan.

Effective December 31, 2018, the accrued benefits for all participants who are members of the collective bargaining unit of the Whitestone Division of Imerys Marble, Inc. and of Imerys Talc America, Inc. at the Three Forks Plant were frozen. As of January 1, 2019, each eligible participant under these units with a frozen accrued benefit under the terms of the Plan continues to be a participant in the Plan for the limited purpose of accruing years of vesting service for vesting purposes and for purposes of determining his or her eligibility for an early retirement benefit under the terms of the Plan.

In 2019, the NYCO Minerals, Inc. Retirement Plan for Salaried Employees; the Kerneos Inc. Hourly Pension Plan; the Imerys Fused Minerals Niagara Falls, Inc. USA Local 4-277 Pension Plan; and the Treibacher Schleifmittel North America, Inc. Pension Plan for IAM Local 1420 were merged into the Plan (collectively, the Merger). In conjunction with the Merger, the following groups, as defined by the Plan document, became eligible to participate in the Plan:

- IAM Local 1420 bargaining unit employees of Imerys Fused Minerals Niagara Falls, Inc.;
- USW Local 4-277 bargaining unit employees of Imerys Fused Minerals Niagara Falls, Inc.; and
- Hourly employees of NYCO Minerals, Inc.

Effective as of December 31, 2021, the Kerneos Inc. Hourly Pension Plan merged into the Plan.

Plan Administration

Overall responsibility for administering the Plan rests with the Plan's Retirement Committee (the Committee), which is appointed by the Board of Directors of the Company. The Committee appointed Comerica Bank and Trust, N.A. as the trustee and Mercer as the actuary of the Plan. Various investment managers have been given substantial discretionary authority concerning purchases and sales of investments within guidelines established by the Committee. The Plan's investment assets are held in a trust account maintained by the trustee and consist of an undivided interest in an investment account of the Imerys USA, Inc. Master Trust (the Master Trust). Use of the Master Trust permits the commingling of trust assets with the assets of certain pension plans sponsored by the Company and certain of its affiliates for investment and

administrative purposes. Although the assets of all plans are commingled in the Master Trust, the trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account and certain administrative expenses to the participating plans. The net investment income or loss of the investment assets and certain administrative expenses are allocated by the trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

Eligibility and Vesting
Each employee's eligibility is governed by their respective bargaining unit agreement. A participant's accrued benefit is nonforfeitable at their normal retirement date if they are employed by the Company at that time, at early retirement date, at disability retirement date, or upon completing five years of service.

Pension Benefits
Unless a participant elects otherwise, the distribution of benefits will commence no later than 60 days after the close of the Plan year in which the latest of the following occurs: (1) the earlier of the participant's normal retirement date or attainment of age 65; or (2) early retirement, as defined by the respective bargaining unit agreement. The benefit received is determined by years of service and a pension multiplier, as defined by the Plan.

Retirement benefits are paid to participants or beneficiaries in various forms of annuities or lump sums.

Effective January 1, 2015, a participant who has a termination of employment on or after January 1, 2015 and who is vested in their accrued benefit at the time of termination of employment has a one-time option to elect to receive their accrued benefit in the form of a lump-sum payment or in one of the other forms of payment, as defined. The election may only be made during the 90-day period following the date on which the election package is mailed to the participant following termination of employment.

Effective January 1, 2021, a lump-sum option was available for hourly employees of NYCO Minerals, Inc. who terminated employment on or after January 1, 2021.

Administrative Expenses
Administrative expenses paid by the Master Trust consist of amounts paid to the trustee for management of the Master Trust assets and investment management fees. These expenses are allocated by the trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. This allocation is reflected in the Plan's financial statements as part of the net investment gain from interest in the Master Trust in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024. Legal, actuarial and auditing fees applicable to the Plan are paid by the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

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

Risks and Uncertainties
The Master Trust and the Plan utilize various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions, in the near term, would be material to the financial statements.

Investment Valuation and Income Recognition
The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price. Shares of mutual and money market funds are valued at the net asset value (NAV) of shares held at year end.

Payment of Benefits
Benefits are recorded when paid.

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), Topic 820, *Fair Value Measurements,* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1

measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs 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; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest 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 fair value hierarchy of the Master Trust's assets at fair value as of December 31, 2025 and 2024, is outlined below in Note 4. There were no Level 2 or 3 investments held in the Master Trust.

4. INTEREST IN MASTER TRUST

Each participating plan has an undivided interest in the Master Trust. Investment income or loss is allocated based on each plan's allocated share of investments at the beginning of the year, net of each plan's actual contributions, benefit payments, and administrative expenses. The net assets of the Master Trust as of December 31, 2025 and 2024, is summarized as follows:

	2025		Plan's Interest
	Level 1	Total	in Master Trust
Investments:			
Money market funds	$ 51,429,660	$ 51,429,660	$ 2,608,244
Mutual funds	137,425,389	137,425,389	6,969,498
Total investments	$ 188,855,049	188,855,049	9,577,741
Accrued income		163,460	8,290
Net assets held by the Master Trust		$ 189,018,509	$ 9,586,031
Plan's interest in Master Trust as a percentage of total		5.07%	

	2024		Plan's Interest
	Level 1	Total	in Master Trust
Investments:			
Money market funds	$ 736,625	$ 736,625	$ 233,489
Mutual funds	192,664,217	192,664,217	61,069,152
Total investments	$ 193,400,842	193,400,842	61,302,641
Accrued income		4,050	1,284
Net assets held by the Master Trust		$ 193,404,892	$ 61,303,925
Plan's interest in Master Trust as a percentage of total		31.70%	

The net investment income of the Master Trust for the years ended December 31, 2025 and 2024, are summarized below:

	2025	2024
Dividend and interest income	$ 486,086	$ 461,727
Net appreciation in fair value of investments	12,824,301	5,452,822
Administrative expenses	(5,578)	(14,167)
Total net investment income	$ 13,304,809	$ 5,900,382

5. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the Plan years ended December 31, 2025 and 2024.

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are determined based on the participant's years of credited service and the applicable pension multiplier, as defined by the Plan and the applicable collective bargaining agreement, as of the date on which the benefit information is presented (the valuation date). As described in Note 1, benefit accruals have been

frozen for all groups covered by the Plan. Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term and that the effect of such change could be significant.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025, which is the most recent actuarial valuation date and the benefit information date used for purposes of these financial statements. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The benefit information presented as of January 1, 2025 reflects the transfer of benefits to the RGA Plan effective December 31, 2024, but does not reflect the freezing of benefit accruals of the Plan and the related transfer of benefits to the RGA Plan effective June 30, 2025, each as described in Note 1.

The significant actuarial assumptions used in the most recent valuation dated January 1, 2025, were:

Discount Rate:	4.95% in 2025 (5.25% in 2024)
Mortality Basis – Healthy Lives:	Pri-2012 sex-distinct, annuitant and non-annuitant mortality table with contingent survivor adjustment and blue-collar adjustment, projected generationally using MP-2021
Mortality Basis – Disabled:	1983 group annuity mortality table for males and females, set forward five years
Benefit Commencement Age:	Age 61
Funding Method:	Unit Credit Cost
Lump-Sum Interest Rate:	4.95% in 2025 (4.75% in 2024)

The Plan's actuarial present value of accumulated plan benefits as of January 1, 2025, are as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	$ 785,468
Terminated participants with deferred benefits	1,335,419
Other participants	11,209,036
Total vested benefits	13,329,923
Nonvested benefits	486,945
Total actuarial present value of accumulated plan benefits	$ 13,816,868

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2025, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 60,063,815
Increase (decrease) during year attributable to:	
Benefits accumulated and gains	253,383
Increase in interest due to decrease in discount period	3,038,038
Change in actuarial assumptions	1,281,066
Plan transfer (Note 1)	(46,764,480)
Benefits paid	(4,054,954)
Net decrease	(46,246,947)
Actuarial present value of accumulated plan benefits at end of year	$ 13,816,868

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements, including investments held in the Master Trust as of December 31, 2025 and 2024, and net gain from the Master Trust and interest and dividend income for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee of the Plan.

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to the applicable limitations discussed below.
3. All other vested benefits (vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor benefits. 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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 those benefits, the priority of those benefits to be paid, and on the level of benefits guaranteed by the PBGC.

9. INCOME TAX STATUS

Although the Plan has received a favorable determination letter from the Internal Revenue Service (IRS), dated November 7, 2012, stating that the Plan and related Master Trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC), the determination letter has not been updated for amendments adopted or activity since the date of the letter. However, the Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and that the Plan and related Master Trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained

upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. PARTY-IN-INTEREST TRANSACTIONS

Certain Master Trust investments are shares of mutual and money market funds managed by the trustee. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on each fund. As described in Note 1, the Plan paid certain expenses related to Plan operations to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 29, 2026, which is the date the financial statements were available to be issued, and has determined that there are no subsequent events that require disclosure under FASB ASC Topic 855, *Subsequent Events.*

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			1	2							3
35–39				2	3						5
40–44				2	4	2					8
45–49			4	3	2	13					22
50–54			2		2	18					22
55–59				4	4	25	1		3		37
60–64			1	1	4	26			4	2	38
65–69						3	1	1	2	6	13
70 & up				1		1				1	3
Total			8	15	19	88	2	1	9	9	151

In each cell, the number is the count of active participants for each age/service combination.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections	
Segment rates or full yield curve	Full Yield Curve
	Rationale: Discount rates are prescribed by the IRS and PBGC with the specific methodology selected by Imerys USA, Inc.
Mortality sponsor elections	Section 430(h)(3) prescribed generational annuitant and non annuitant mortality tables. These tables are based on the Pri-2012 mortality tables with generational mortality improvement based on the IRS methodology and a modified version of the MP-2021 mortality improvement scale, which sets mortality improvement to zero in 2020-2023 and limits improvement for all years after 2023 to a maximum rate of 0.78%.
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.
Other economic assumptions	
• Salary increases	Not applicable
• Flat-dollar benefit increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	Not applicable
• Expected investment return	5.25% per year for year 2023, 5.25% per year for year 2024, 4.95% per year for year 2025
• Expenses	$160,000 added to current year normal cost

Rationale for Economic Assumptions

- Expected investment return –The expected rate of return on plan assets is the lesser of the 3rd segment rates and the return based on a blend of the hypothetical past performance of the plan's target asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on asset assumption is net of an adjustment of 25 bps for expenses assumed to be paid for plan assets.

- Expenses – This assumption is based on prior year administrative and investment expense experience and current year's PBGC premium amount.

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

Demographic assumptions	
Withdrawal	See table of sample rates.
Disability incidence	See table of sample rates.

Retirement age - USA

Attained age	Percentage
55	3%
56	3%
57	3%
58	3%
59	3%
60	3%
61	10%
62	20%
63	20%
64	20%
65	33%
66	50%
67	50%
68	50%
69	50%
70	100%

Benefit commencement age for	
• Future vested deferred	61
• Current vested deferred	61

Spouse assumptions	**Male participants**	**Female participants**
• Percentage married	80%	60%
• Spouse age difference	3 years younger	3 years older

Form of payment	**Single life**	**50% J&S**	**66 2/3% J&S**	**Lump sum**
• Active retirements	5%	0%	15%	80%
• Future vested deferred	5%	0%	15%	80%
• Future disabilities	100%	0%	0%	0%
• Future deaths	0%	100%	0%	0%
• Current vested deferred	30%	0%	70%	0%

Unpredictable contingent event assumptions	Not applicable

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

Table of sample rates

Withdrawal Decrement

Attained age	Percentage withdrawal
20	26.00%
25	18.00%
30	12.20%
35	8.70%
40	6.90%
45	6.10%
50	5.60%
55	4.40%
60	3.40%
65	2.50%

Disability Decrement

Percentage Disability		
Attained Age	Male	Female
20	0.151%	0.089%
25	0.219%	0.150%
30	0.309%	0.252%
35	0.431%	0.388%
40	0.597%	0.547%
45	0.829%	0.777%
50	1.224%	1.201%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%

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

Rationale for Demographic Assumptions

- Assumptions for the Imerys USA Pension Plan were selected by Imerys USA, Inc. as reasonably representative of the plan's expectations following an experience study performed by Mercer in 2015 which used data from 2010 through 2014.
- Spouse assumptions – The spouse assumption was selected by Imerys USA, Inc. as reasonably representative of the plan's expectations. This assumption is in line with recent experience and is reviewed annually.

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

Actuarial methods for funding

Asset methods

The asset valuation method is the fair market value as of the measurement date.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the **funding target** and the **target normal cost** for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The Celite Hourly Retirement Plan, the Three Forks Hourly Employees Plan and the Windsor Hourly Employees Plan, which merged into the Imerys USA Pension Plan effective December 31, 2013, provide benefits that are not a function of a participant's accrued benefit or years of service. These benefits are allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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
IMERYS USA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IMERYS USA, INC.

D Employer Identification Number (EIN)
23-2617050

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	13,781,626
b Actuarial value	**2b**	13,781,626

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	5	771,941	771,941
b For terminated vested participants	13	1,287,930	1,287,930
c For active participants	151	10,659,677	11,401,186
d Total	169	12,719,548	13,461,057

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	220,482
b Expected plan-related expenses	**6b**	160,000
c Target normal cost	**6c**	380,482

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

Melissa C. Panarese — Signature of actuary

10/9/2026 — Date

MELISSA C. PANARESE — Type or print name of actuary

2606208 — Most recent enrollment number

MERCER — Firm name

404-442-3100 — Telephone number (including area code)

3560 LENOX ROAD, SUITE 2400

ATLANTA GA 30326 — 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.48%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		874,293
	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 5.13%		44,851
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		919,144
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.38%
15	Adjusted funding target attainment percentage	15	102.38%
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	100.28%
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
09/15/2026	65,535	0			
			Totals ► 18(b)	65,535	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	59,927

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] 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 [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	380,482
b Excess assets, if applicable, but not greater than line 31a	**31b**	320,569

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**: 59,913

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	59,913
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	59,927

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

a Total (excess, if any, of line 37 over line 36)	**38a**	14
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

	(A) Weighted Average Retirement Age	(B) Active count as of January 1, 2025	(C) (A) x (B)
USA	63.11	151	9,529.61
Total		151	9,529.61
Average			**63.11**

USA:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.0%	10,000	300	16,500
56	3.0%	9,700	291	16,296
57	3.0%	9,409	282	16,074
58	3.0%	9,127	274	15,892
59	3.0%	8,853	266	15,694
60	3.0%	8,587	258	15,480
61	10.0%	8,329	833	50,813
62	20.0%	7,496	1,499	92,938
63	20.0%	5,997	1,199	75,537
64	20.0%	4,798	960	61,440
65	33.0%	3,838	1,267	82,355
66	50.0%	2,571	1,286	84,876
67	50.0%	1,285	643	43,081
68	50.0%	642	321	21,828
69	50.0%	321	161	11,109
70	100.0%	160	160	11,200
Total			10,000.00	631,113
Average				**63.11**

Schedule SB, Part V — Summary of Plan Provisions

Imerys Carbonates, LLC: Bargaining Unit Employees at the Sylacauga Location – Appendix G

Effective date and plan year	Original plan: January 1, 2005 Restated plan: January 1, 2023 Plan year: January 1 through December 31
Status of the plan	Effective February 7, 2016, participation was frozen for all participants. Effective June 30, 2025, benefit accruals were frozen for all remaining actives in Appendix G.
Significant events	Effective June 30, 2025, benefit accruals were frozen for all remaining actives in Appendix G.
Covered employees	Any eligible employee employed by Imerys Carbonates, LLC at its Sylacauga location who is a member of the collective bargaining unit represented by the Paper, Allied-Industrial, Chemical and Energy Workers International Union (P.A.C.E.), Local #3-0516.
Type of plan	A defined benefit pension plan.
Definitions	
• Sponsoring employer	Imerys USA, Inc. and the Affiliated Sponsors
• Eligibility	The completion of six months of service. No new entrants as of February 7, 2016.
• Employer contributions	The employer contributes in such amounts and at such times to be consistent with plan objectives and government regulations.
• Participant contributions	None.
• Vesting service	The number of months a participant receives a month of service (for each month he earns at least one hour of service) divided by 12.
• Credited service	The number of months a participant receives a month of service is based on if he earns at least one hour of service, divided by 12; excluding service prior to the later of (i) January 1, 2005 or (ii) the date on which the participant becomes a participant in the plan.
• Normal retirement age	The later of (i) a participant's 65th birthday, or (ii) the fifth anniversary of the date the participant commenced participation in this plan or a prior plan.
• Early retirement age	Age 55 and 10 Years of Vesting Service.
• Normal retirement benefit	A monthly benefit equal to the number of years of credited service multiplied by $25.00 Credited Service is not to exceed 40 years and does not take into consideration service earned prior to the later of (i) January 1, 2005 or (ii) the date of participation in the plan.
Early retirement	

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The amount determined as of the Normal Retirement Date reduced by five-tenths of one percent (.5%) for each calendar month that the commencement date precedes the Normal Retirement Date. However, if the participant has at least 30 years of service, the benefit at Normal Retirement Date is reduced by five-tenths of one percent (.5%) for each calendar month that the commencement date precedes age 62.
Late retirement	
• Benefit	For a participant whose employment continues after his normal retirement date, the greater of (i) the actuarial equivalent of the normal retirement benefit determined as of the normal retirement date or (ii) the amount determined as of the late retirement date. Employees hired after reaching age 60, service prior to January 1, 1988 shall not be counted.
Deferred vested	
• Benefit	If employment is terminated after the participant has become vested (five years of vesting service) they are eligible for a benefit payable on their Normal Retirement Date.
Disability	
• Benefit	If employment is terminated because of disability and the participant has completed ten years of vesting service, the amount determined as of the Normal Retirement Date and payable in the Normal Form.
Pre-retirement death	
• Benefit	For a participant who has an eligible spouse and dies before the earliest retirement age, the benefit payable to the surviving spouse is equal to 50% of the monthly benefit which would have been payable to the participant as a qualified joint & survivor annuity if the participant had incurred a severance on the earlier of his date of death or actual termination date, survived to his earliest retirement date, retired at the earliest retirement date and then died on the day after attaining his earliest retirement date. For a participant who has an eligible spouse and dies after attaining his earliest retirement age, the benefit payable to the surviving spouse is equal to 50% of the monthly benefit which would have been payable to the participant as a qualified joint & survivor annuity if the participant had terminated on the day before his death.
Post retirement death	Not applicable.
Form of benefits	
• Normal form of retirement benefits	Life Annuity for participants without an eligible spouse; Qualified Joint and Survivor Annuity for participants with an eligible spouse.

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms of retirement benefits	Life Annuity, Life Annuity with Ten (10) Years Guaranteed, or Joint and Survivor Annuity (50%, 66-2/3%, 75%, or 100%). Each participant who terminates employment on or after January 1, 2015 and who is fully vested in his Accrued Benefit under the plan shall have a one-time option to elect a lump sum payment only if the election is made during the 90-day period following the date on which the election package is mailed following termination of employment.
Unpredictable contingent event benefits	None.
Other plan provisions	The above outline of the basic benefit structure of the Plan is not intended to provide sufficient information to determine individual benefits. The outline should be used simply as an overview of benefit structure and an aid in understanding and interpreting the remaining sections of the report.

Schedule SB, Part V — Summary of Plan Provisions

Celite Hourly Retirement Plan – Appendix K

Effective date and plan year	Original plan: August 1, 1991 Restated plan: January 1, 2008 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new Lompoc employees are eligible to participate in the plan once they satisfy the participation requirements. Effective August 9, 2012 participation is frozen for Antonito employees. Effective December 31, 2013, the Celite Hourly Retirement Plan was merged into the Imerys USA Pension Plan.
Significant events that occurred during the year	None.
Definitions	
• Participation	Lompoc employees enter the plan after one year of service. Participation is frozen for Antonito employees effective August 9, 2012.
• Employee contributions	None.
• Vesting service	For full time employees, 12 months of employment. For part time employees, plan year in which employee works 1,000 hours or more.
• Credited service	Calendar year in which participant completes 1,800 hours of service. Fractional credited service is granted on a pro-rata basis for hours less than 1,800. For full-time employees, the period of time from hire to separation from service. Special rules apply for part-time employees.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit rates

Antonito		Lompoc	
Monthly benefit rates	**Effective date**	**Monthly benefit rates**	**Effective date**
162	8-1-1991	216	8-1-1991
186	1-1-1993	222	1-1-1992
192	1-1-1994	240	3-1-1993
198	1-1-1995	258	3-1-1994
204	1-1-1996	276	3-1-1995
222	1-1-1997	294	3-1-1996
228	1-1-1998	312	3-1-1997
234	1-1-1999	330	3-1-1998
240	1-1-2000	348	3-1-1999
264	1-1-2001	360	3-1-2000
276	1-1-2002	372	3-1-2001
282	1-1-2003	384	3-1-2002
288	1-1-2004	408	3-1-2003
291	1-1-2005	432	3-1-2004
		456	3-1-2005
		480	3-1-2006

Normal retirement

- Eligibility: First of month coinciding with or next following 65th birthday.
- Benefit: The appropriate benefit rates as specified in benefit rates times the years of the Credited Service.

Early retirement

- Eligibility: Age 55 and 15 years of credited service, age 60, or 30 years of credited service.
- Benefit: Accrued benefit as of early retirement date reduced 4.0% for each year prior to age 65 (reduced from age 62 if completed 25 years of vesting service at retirement).

  Effective August 9, 2012, the early retirement benefit for Antonito participants who elect to start benefits prior to age 62 and who have completed 25 or more years of vesting service is the greater of a) of the accrued benefit as of August 9, 2012 reduced 4% per year from age 62 or b) the accrued benefit at early retirement reduced 4% per year from age 65.

Late retirement

Schedule SB, Part V — Summary of Plan Provisions

• Eligibility	After age 65.
• Benefit	Normal Retirement Benefit based on service and benefit rates at Late Retirement Date but not less than the participant's benefit at his Normal Retirement Date actuarially increased to his Late Retirement Date.
Deferred vested	
• Eligibility	Age 65 or five years of service.
• Benefit	Accrued pension deferred to age 65 or reduced pension payable anytime after age 55. The reduced amount is equal to the accrued benefit multiplied by the appropriate factor determined from the following schedule:

Age Allowance Commences	% of Benefit Payable
55	40
56	44
57	48
58	52
59	56
60	61
61	67
62	74
63	82
64	90

Disability	
• Eligibility	Ten years of service, mentally or physically incapable of employment.
• Benefit	Accrued pension at date of disability plus a supplemental disability retirement allowance of $100 per month payable until eligibility for Social Security benefits.
Pre-retirement death	
• Eligibility	Death prior to retirement after becoming eligible for vested deferred benefit.
• Benefit prior to early retirement	The benefit is calculated as if the member had terminated employment on date of death and retired on the later of (i) date of death, or (ii) age 55 and elected the 50% contingent annuitant option, designating the spouse as contingent annuitant.
Post retirement death	
• Eligibility	Death of a retiree after normal retirement.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	A one-time benefit equal to 30% of the member's Group Term Life Insurance amount immediately preceding retirement subject to a minimum of $1,000 and a maximum of $5,000.
Unpredictable contingent event benefits	None.
Form of benefits	
• Automatic form for unmarried participants	Straight Life Annuity.
• Automatic form for married participants	Reduced 50% contingent annuitant annuity.
• Optional forms	Straight Life Annuity, 100% or 50% contingent annuitant annuity; 75% contingent spouse annuity; Lump sum up to $7,000. Each participant who terminates employment on or after January 1, 2015 and who is fully vested in his Accrued Benefit under the plan shall have a one-time option to elect a lump sum payment only if the election is made during the 90-day period following the date on which the election package is mailed following termination of employment.
• Optional form conversion factors	Based on tabular factors subject to a minimum. Lump Sum value is calculated using the IRS Lump Sum Mortality Table and the segment rates published for September of the prior plan year.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended effective January 1, 2023 are included in this valuation:

- **Most recent plan amendments included:**
  - As of December 31, 2024, participants no longer accruing benefits under the Imerys USA Pension Plan as of January 1, 2024 have been transferred to Imerys USA, Inc. Retirement Growth Account Plan.
  - As of June 30, 2025, benefit accruals were frozen for all remaining actives under Appendix G.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan applies later retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation include those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target and the target normal cost for funding and accounting do not reflect any limitation on benefit accruals.
- **Schedule benefit increase:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- As of December 31, 2024, participants no longer accruing benefits under the Imerys USA Pension Plan as of January 1, 2024 have been transferred to Imerys USA, Inc. Retirement Growth Account Plan.
- As of June 30, 2025, benefit accruals were frozen for all remaining active participants under Appendix G.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Interest discounts were updated from the December 2023 IRS Full Yield Curve to the December 2024 IRS Full Yield Curve in accordance with PPA and elections made by Imerys USA, Inc.
- The expected investment return was updated from 5.25% to 4.95%.
- The expense component of normal cost decreased from $990,000 to $ 160,000.