# 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. . . . . ▶ [ ]

**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
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1975

**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)
CHASE CORPORATION

375 UNIVERSITY AVENUE
WESTWOOD, MA 02090

**2b** Employer Identification Number (EIN)
11-1797126

**2c** Plan Sponsor's telephone number
781-332-0700

**2d** Business code (see instructions)
332810

**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. | 10/15/2026 | PAULA ECKEL |
| | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 104 |
| **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)** | 45 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 43 |
| **b** | Retired or separated participants receiving benefits | **6b** | 5 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 45 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 93 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 96 |
| **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** | |
| **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:

1A 3D

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(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)** [ ] **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
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHASE CORPORATION

**D** Employer Identification Number (EIN)
11-1797126

**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** | 8467416 |
| **b** Actuarial value | **2b** | 8216720 |

**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 | 6 | 411774 | 411774 |
| **b** For terminated vested participants | 53 | 2020791 | 2020791 |
| **c** For active participants | 45 | 3994114 | 3994612 |
| **d** Total | 104 | 6426679 | 6427177 |

**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** | 5.25 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 260263 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 260263 |

**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

10/01/2026
Date

BRIAN R. WEST, EA FSA MSEA FCA MAAA
Type or print name of actuary

26-07202
Most recent enrollment number

FUTUREPLAN BY ASCENSUS
Firm name

727-395-1578
Telephone number (including area code)

PO BOX 56034
BOSTON, MA 02205
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) | 2345084 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 62218 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 2282866 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.78 % | 154778 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 541 |
| | 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 4.97 % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 37 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 578 |
| | 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) | 2437644 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 89.91 % |
| 15 | Adjusted funding target attainment percentage | 15 | 127.84 % |
| 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 | 131.34 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/09/2025 | 73425 | 0 | | | |
| 07/15/2025 | 43693 | 0 | | | |
| 10/01/2025 | 58559 | 0 | | | |
| 12/10/2025 | 58559 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 234236 | 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 | 227108 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 260263 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **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** | 260263 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 36300 | 0 | 36300 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 223963 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 227108 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3145 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 3145 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

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

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

**A** Name of plan
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CHASE CORPORATION

**D** Employer Identification Number (EIN)
11-1797126

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UBS FINANCIAL SERVICES INC.

13024 BALLANTYNE CORPORATE PLACE
#650
CHARLOTTE, NC 28277

| (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 72 | NONE | 7288 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE 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
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CHASE CORPORATION

**D** Employer Identification Number (EIN)
11-1797126

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(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) | | |
| **(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) | 8467416 | 8858626 |
| **(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 | 8467416 | 8858626 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 8467416 | 8858626 |

## 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) | 234236 | |
| **(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) | | 234236 |
| **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) | 342264 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 342264 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 613889 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1190389 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 791771 | |
| (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) | | 791771 |
| 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) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 7288 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 120 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 7408 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 799179 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 391210 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: CBIZ CPA'S PC **(2)** EIN: 43-1947695

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576290.

# 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
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CHASE CORPORATION

**D** Employer Identification Number (EIN)
11-1797126

## 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): 75-3182674

**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** 8

## 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705198A .

# Financial Statements
# and Supplementary Information

# Pension Plan for Employees of
# Chase Corporation

**December 31, 2025 and 2024**

# PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

## *Financial Statements and Supplementary Information*

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***Supplementary Information (2025 only):***

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CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

# Independent Auditors' Report

The Plan Administrator
**Pension Plan for Employees of Chase Corporation**

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

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

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

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

## *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 these 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

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

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used

to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

Boston, Massachusetts
October 14, 2026

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

***Statements of Net Assets Available for Benefits***

| | *December 31,* | |
|---|---|---|
| | ***2025*** | ***2024*** |
| **Assets** | | |
| Investments at fair value | $ 8,858,626 | $ 8,467,416 |
| **Net assets available for benefits** | **$ 8,858,626** | **$ 8,467,416** |

*See Independent Auditors' Report and accompanying notes to financial statements.*

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

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

| | *Years Ended December 31,* | |
|---|---|---|
| | ***2025*** | ***2024*** |
| **Additions to net assets attributed to:** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 613,889 | $ 255,312 |
| Interest and dividends | 342,265 | 288,760 |
| Total investment income | 956,154 | 544,072 |
| Employer contributions | 234,236 | 238,000 |
| **Total additions to net assets** | **1,190,390** | **782,072** |
| **Deductions from net assets attributed to:** | | |
| Benefits paid to participants | 791,772 | 356,593 |
| Administrative fees | 7,408 | 7,288 |
| **Total deductions from net assets** | **799,180** | **363,881** |
| **Net increase in net assets available for benefits** | **391,210** | **418,191** |
| Net assets available for benefits, beginning of year | 8,467,416 | 8,049,225 |
| **Net assets available for benefits, end of year** | **$ 8,858,626** | **$ 8,467,416** |

*See Independent Auditors' Report and accompanying notes to financial statements.*

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

***Statements of Accumulated Plan Benefits***

| | *December 31,* | |
|---|---|---|
| | ***2025*** | ***2024*** |
| **Actuarial present value of accumulated plan benefits:** | | |
| Vested benefits: | | |
| Participants currently receiving payments | $ 352,663 | $ 358,790 |
| Other participants | 5,444,790 | 5,650,387 |
| | 5,797,453 | 6,009,177 |
| Nonvested benefits | 502 | 431 |
| **Total actuarial present value of accumulated plan benefits** | **$ 5,797,955** | **$ 6,009,608** |

*See Independent Auditors' Report and accompanying notes to financial statements.*

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

## *Statements of Changes in Accumulated Plan Benefits*

| | *Years Ended December 31,* | |
|---|---|---|
| | ***2025*** | ***2024*** |
| **Actuarial present value of accumulated plan benefits, beginning of year** | **$ 6,009,608** | **$ 5,697,900** |
| Increase (decrease) during the year attributable to: | | |
| Change in interest rates | 373,736 | 367,244 |
| Assumption changes | (34,695) | 99,644 |
| Benefits accumulated | 241,078 | 201,413 |
| Benefits paid | (791,772) | (356,593) |
| **Net change** | **(211,653)** | **311,708** |
| **Total actuarial present value of accumulated plan benefits, end of year** | **$ 5,797,955** | **$ 6,009,608** |

*See Independent Auditors' Report and accompanying notes to financial statements.*

# PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

## *Notes to Financial Statements*

### *Note 1 - Description of the Plan*

The following description of the Pension Plan for Employees of Chase Corporation (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### *General*

The Plan is a non-contributory defined benefit pension plan covering eligible employees of Chase Corporation (the "Company" or "Employer"), the Plan's sponsor. The Plan was established on March 1, 1975, with a most recent restatement on March 25, 2020. The Plan provides for normal, early, delayed and disability retirement. The Plan is administered by the Company's Investment Committee ("Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are non-participant directed.

Effective December 1, 2008, there was a Soft Freeze in the Plan whereby no new employees hired are admitted to the Plan, with the exception of members of the International Association of Machinists and Aerospace Workers (the "Union"). An employee who is a member of the Union became a participant in the Plan on January 1st or July 1st following the completion of six months of employment, provided that the employee was at least 21 years of age and scheduled to work 1,000 or more hours or was credited with 1,000 or more hours per year. However, all participants admitted to the Plan prior to December 1, 2008 continued to accrue benefits until July 16, 2012.

The Plan was frozen for all newly-hired employees effective July 16, 2012. The Plan was amended to cease further accrual of benefits (except as may be required if the frozen plan is a top-heavy plan under applicable requirements).

#### *Funding Policy*

The Employer makes contributions to the Plan based on annual actuarial computations in amounts sufficient to ensure the successful operation of the Plan and in amounts at least equal to those necessary to meet the minimum funding standards of ERISA. The Employer contribution amounts were $234,236 and $238,000 for the years ended December 31, 2025 and 2024, respectively.

#### *Pension Benefits*

Participants with five years of vesting service are entitled to actuarially determined benefits upon retirement or death. Normal retirement is the first day of the month coincident with or following age 65. The Plan also provides modified benefits for certain early and postponed retirements. A participant's pension benefit at the normal retirement date will be determined as follows:

***Note 1 - Description of the Plan (Continued)***

***Pension Benefits (Continued)***

For non-union Participants hired on or after May 1, 1995, the monthly benefit is equal to the excess of (a) over (b) plus (c), where:

(a) .75% of the participant's final average earnings multiplied by their years of credited service up to a maximum of 35 years;
(b) .3% of the participant's final average earnings up to covered compensation, multiplied by their years of credited service up to a maximum of 35 years;
(c) .4% of the participant's final average earnings, multiplied by their years of credited service in excess of 35 years to a maximum of 40 years.

For union Participants and non-union Participants hired prior to May 1, 1995, the monthly benefit is equal to the excess of (a) over (b) plus (c), where:

(a) 1.5% of the participant's final average earnings multiplied by their years of credited service up to a maximum of 35 years;
(b) .6% of the participant's final average earnings up to covered compensation, multiplied by their years of credited service up to a maximum of 35 years;
(c) .8% of the participant's final average earnings, multiplied by their years of credited service in excess of 35 years to a maximum of 40 years.

Final average earnings is defined as the highest three consecutive Plan years out of the final ten Plan years immediately preceding the date of termination or retirement.

In the event of death prior to retirement of a participant who has met the requirements for vesting or early or normal retirement, a death benefit may be paid to his/her surviving spouse in accordance with the provisions of the Plan document. An active participant with five years of vesting service who terminates employment due to total and permanent disability shall be entitled to a disability benefit equal to the actuarial equivalent of the Participant's vested benefits at the disability retirement date.

Early retirement benefits are determined in the same manner as normal retirement benefits and are reduced by the appropriate early retirement factor as defined in the Plan document. Active Plan participants currently employed by the Employer may defer retirement beyond the normal retirement age. Deferred retirement benefits, for a "5% owner" as defined by the Plan, must begin no later than April 1 of the calendar year following the calendar year in which a participant reaches age 70½. All other employees may defer their retirement benefits until their retirement benefit will be equal to the greater of: (1) their normal retirement benefit calculated at the time of their actual retirement, or (2) their normal retirement benefit calculated at their normal retirement date, but actuarially adjusted to reflect the later commencement. Participants whose vested accrued benefits have a present value of $7,000 or less may receive their benefits in the form of an immediate lump-sum distribution.

### *Note 1 - Description of the Plan (Continued)*

#### *Death and Disability Benefits*

The death and disability benefit for participants with at least five years of vesting service is calculated on the basis of the benefit the participant would have received if he or she had retired or terminated on the date of death or disability, or the present value of the participant's accrued benefit, whichever is greater. In the event of death prior to actual retirement but subsequent to completion of the requirements for a deferred vested pension, the beneficiary shall receive a monthly benefit equal to 50% of the amount that a participant would have received under the 50% joint and survivor annuity. As an alternative to receiving monthly payments, their spouse may elect to receive the entire death benefit in the form of a single lump-sum payment.

#### *Vesting*

A participant's vested interest is based on years of continuous service. A participant is fully vested in his or her benefit after five years of service with the Employer as defined in the Plan document. If a participant becomes eligible for normal retirement and is not yet vested, they will be 100 percent vested in their benefits, regardless of prior years of vesting service. A participant is credited with one year of vesting service, which is defined as completion of at least 1,000 hours in a twelve-month period.

### *Note 2 - Summary of Significant Accounting Policies*

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting which is in conformity with accounting principles generally accepted in the United States of America.

#### *Investments, Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### *Payment of Benefits*

Benefits are recorded when paid.

***Note 2 - Summary of Significant Accounting Policies (Continued)***

***Plan Administration***

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operations of the Plan. Newport Trust Company is the Plan's trustee and custodian.

***Plan Expenses***

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures and actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from the estimates that were used. No significant matters were identified for disclosure in that evaluation.

***Subsequent Events***

The Employer has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

***Note 3 - Information Certified by the Trustee and Custodian***

Plan investments are held in shares of mutual funds managed by Newport Trust Company. Newport Trust Company has certified to the fair value of investments and all investment transactions as of and for the years ended December 31, 2025 and 2024. Investment transactions include dividend income and net appreciation in fair value of investments. Information included in the supplemental schedules has also been derived from information certified by Newport Trust Company.

***Note 4 - Fair Value Measurements***

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

*Level I –* 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 II –* Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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 II input must be observable for substantially the full term of the asset or liability.

*Level III –* Inputs that are unobservable inputs for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.

***Mutual Funds***

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Based on the fair value hierarchy levels, the investments held by the Plan as of December 31, 2025 and 2024 are as follows:

| | ***Assets at Fair Value as of December 31, 2025*** | | | |
|---|---|---|---|---|
| ***Description*** | ***Level I*** | ***Level II*** | ***Level III*** | ***Total*** |
| Mutual funds | $ 8,858,626 | $ - | $ - | $ 8,858,626 |

***Note 4 - Fair Value Measurements (Continued)***

| | *Assets at Fair Value as of December 31, 2024* | | | |
|---|---|---|---|---|
| ***Description*** | ***Level I*** | ***Level II*** | ***Level III*** | ***Total*** |
| Mutual funds | $ 8,467,416 | $ - | $ - | $ 8,467,416 |

***Note 5 - Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributed under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation over the highest three consecutive Plan years out of the final ten Plan years immediately preceding dates of termination or retirement and are accumulated based on employees' compensation during each year of crediting service. The accumulated benefits for active employees will equal the accumulation, with interest of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which 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 benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

***Note 5 - Actuarial Present Value of Accumulated Plan Benefits (Continued)***

The significant actuarial assumptions underlying the actuarial computation of the present value of accumulated plan benefits are as follows as of December 31, 2025 and 2024:

| | *2025* | *2024* |
|---|---|---|
| Mortality | Pri-2012 Total Dataset Mortality Table projected with Scale MP-2021 | Pri-2012 Total Dataset Mortality Table projected with Scale MP-2021 |
| Retirement Age | Age 65 | Age 65 |
| Discount Rate | 6.65% compounded annually pre-retirement | 6.65% compounded annually pre-retirement |
| Lump-sum mortality | Current 417(e) | Current 417(e) |
| Salary Scale | 3.50% | 3.50% |

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

***Note 6 - Plan Termination***

Although it has not expressed any intention to do so, the Employer has the right to terminate the Plan. Upon termination, the Plan's assets would be allocated for the benefit of Participants and beneficiaries in the manner specified by the Plan and in accordance with ERISA.

If the Plan were terminated, certain benefits under the Plan would be insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and survivors' 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.

***Note 6 - Plan Termination (Continued)***

In the event that the Plan is terminated, the assets then remaining, after providing for the administrative expenses of the Plan, would be allocated first to Participants, spouses or beneficiaries receiving benefits at least three years prior to the termination date; next, to pay all other insured benefits as provided for under Title IV, Section 4044 of ERISA; then to provide all other vested benefits under the provisions of the Plan that are not insured under ERISA; and, finally, to provide all other accrued benefits for Participants who were not vested as of the date of Plan termination.

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.

Whether all Participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

***Note 7 - Risks and Uncertainties***

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported on certain assumptions pertaining to interest 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.

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

***Note 8 - Related-Party Transactions and Party-in-Interest Transactions***

Plan investments include shares of mutual funds managed by Newport Trust Company. Newport Trust Company is the trustee and custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. For the years ended December 31, 2025 and 2024, fees paid by the Plan to the trustee for administrative services and to other parties-in-interest for actuarial and recordkeeping services amounted to $7,408 and $7,288, respectively.

***Note 9 - Tax Status***

The Plan obtained its latest determination letter on September 28, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC").

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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.

*Supplementary Information*

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

***(E.I.N. 11-1797126 - Plan Number 001)***

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

***December 31, 2025***

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | American Funds Inflation Linked Bd R6 | Mutual Fund | $ 630,763 | 645,530 |
| | Artisan High Income-Inst | Mutual Fund | 764,138 | 788,042 |
| | Baron Durable Advantage R6 | Mutual Fund | 237,278 | 320,011 |
| | BNY Mellon Natural Resources Y | Mutual Fund | 432,190 | 489,458 |
| | Columbia Select Large Cap Value Fund Instl 3 | Mutual Fund | 526,063 | 691,465 |
| | Dodge & Cox Global Bond Fund | Mutual Fund | 354,931 | 348,880 |
| | JPMorgan Growth Advantage Fund R5 | Mutual Fund | 197,716 | 319,714 |
| | Natixis Loomis Say Inv Gr-N2 | Mutual Fund | 1,316,137 | 1,325,743 |
| | PGIM Jen Intl Opportunities Cl R6 | Mutual Fund | 1,195,924 | 1,454,310 |
| | Vanguard Emerg Mkts Bnd-Adm | Mutual Fund | 305,772 | 318,088 |
| | Vanguard Extended Market Index Admiral | Mutual Fund | 312,647 | 551,783 |
| | Vanguard Small Cap Index Adm | Mutual Fund | 161,406 | 276,957 |
| | Victory Intermediate Term Bond R6 | Mutual Fund | 1,304,375 | 1,328,645 |
| | | | **$ 7,739,340** | **$ 8,858,626** |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| BNY Mellon Natural Resources Y | | | | | | |
| (CUSIP 05587A867) | | | | | | |
| 03/26/2025 PURCHASE | 9,263.4450 | 43.2900 | 0.00 | 401,014.52 | 401,014.52 | 0.00 |
| 04/02/2025 SALE | 3.2570 | 42.5269 | 0.00 | 141.00 | 138.51 | (2.49) |
| 04/10/2025 PURCHASE | 102.0570 | 35.0799 | 0.00 | 3,580.15 | 3,580.15 | 0.00 |
| 05/02/2025 SALE | 3.5180 | 39.3718 | 0.00 | 151.98 | 138.51 | (13.47) |
| 06/03/2025 SALE | 3.3240 | 41.6697 | 0.00 | 143.60 | 138.51 | (5.09) |
| 07/01/2025 PURCHASE | 488.6830 | 43.8400 | 0.00 | 21,423.86 | 21,423.86 | 0.00 |
| 07/02/2025 SALE | 3.0840 | 44.9125 | 0.00 | 133.33 | 138.51 | 5.18 |
| 07/16/2025 PURCHASE | 49.8440 | 43.8297 | 0.00 | 2,184.65 | 2,184.65 | 0.00 |
| 07/17/2025 SALE | 2.0670 | 44.0735 | 0.00 | 89.37 | 91.10 | 1.73 |
| 07/30/2025 SALE | 250.1920 | 43.9399 | 0.00 | 10,817.12 | 10,993.42 | 176.30 |
| 08/04/2025 SALE | 3.2320 | 42.8558 | 0.00 | 139.74 | 138.51 | (1.23) |
| 09/03/2025 SALE | 3.0830 | 44.9270 | 0.00 | 133.29 | 138.51 | 5.22 |
| 09/16/2025 SALE | 7.5960 | 46.1796 | 0.00 | 328.42 | 350.78 | 22.36 |
| 09/29/2025 SALE | 19.7070 | 47.1604 | 0.00 | 852.04 | 929.39 | 77.35 |
| 09/30/2025 SALE | 5.4460 | 46.9996 | 0.00 | 235.46 | 255.96 | 20.50 |
| 10/02/2025 PURCHASE | 59.4260 | 46.9399 | 0.00 | 2,789.45 | 2,789.45 | 0.00 |
| 11/04/2025 SALE | 3.0860 | 44.8833 | 0.00 | 133.49 | 138.51 | 5.02 |
| 11/18/2025 SALE | 1.9380 | 47.0072 | 0.00 | 83.83 | 91.10 | 7.27 |
| 12/02/2025 SALE | 2.8490 | 48.6171 | 0.00 | 123.24 | 138.51 | 15.27 |
| 12/03/2025 PURCHASE | 243.9970 | 48.2599 | 0.00 | 11,775.28 | 11,775.28 | 0.00 |
| 12/11/2025 PURCHASE | 59.3300 | 49.3502 | 0.00 | 2,927.95 | 2,927.95 | 0.00 |
| **SECURITY TOTAL** | **10,579.1610** | | **0.00** | **459,201.76** | **459,515.69** | **313.93** |
| GMO Resources Fund R6 | | | | | | |
| (CUSIP 36256V783) | | | | | | |
| 01/02/2025 PURCHASE | 2,758.5150 | 18.7100 | 0.00 | 51,611.82 | 51,611.82 | 0.00 |
| 01/03/2025 SALE | 7.3360 | 18.8809 | 0.00 | 154.83 | 138.51 | (16.32) |
| 01/07/2025 SALE | 4.7180 | 19.3090 | 0.00 | 99.58 | 91.10 | (8.48) |
| 02/03/2025 SALE | 1,389.6590 | 18.2800 | 0.00 | 29,330.28 | 25,402.96 | (3,927.32) |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 02/04/2025 SALE | 7.4430 | 18.6094 | 0.00 | 157.09 | 138.51 | (18.58) |
| 03/04/2025 SALE | 8.3040 | 16.6799 | 0.00 | 175.27 | 138.51 | (36.76) |
| 03/26/2025 SALE | 21,665.2780 | 17.6900 | 0.00 | 457,269.56 | 383,258.77 | (74,010.79) |
| **SECURITY TOTAL** | **25,841.2530** | | **0.00** | **538,798.43** | **460,780.18** | **(78,018.25)** |
| Natixis Loomis Say Inv Gr-N2 (CUSIP 543488829) | | | | | | |
| 01/02/2025 SALE | 133.2730 | 9.7100 | 0.00 | 1,309.95 | 1,294.08 | (15.87) |
| 01/03/2025 SALE | 32.8410 | 9.7001 | 0.00 | 322.80 | 318.56 | (4.24) |
| 01/07/2025 SALE | 21.7130 | 9.6500 | 0.00 | 213.42 | 209.53 | (3.89) |
| 01/30/2025 PURCHASE | 387.3390 | 9.7500 | 0.00 | 3,776.56 | 3,776.56 | 0.00 |
| 02/03/2025 SALE | 5,998.6460 | 9.7400 | 0.00 | 58,959.11 | 58,426.81 | (532.30) |
| 02/04/2025 SALE | 32.6390 | 9.7601 | 0.00 | 320.80 | 318.56 | (2.24) |
| 02/28/2025 PURCHASE | 350.7840 | 9.8900 | 0.00 | 3,469.25 | 3,469.25 | 0.00 |
| 03/04/2025 SALE | 32.2100 | 9.8901 | 0.00 | 316.59 | 318.56 | 1.97 |
| 03/26/2025 PURCHASE | 29,702.7700 | 9.8200 | 0.00 | 291,681.20 | 291,681.20 | 0.00 |
| 03/28/2025 PURCHASE | 518.0120 | 9.8100 | 0.00 | 5,081.70 | 5,081.70 | 0.00 |
| 04/02/2025 SALE | 42.8870 | 9.8501 | 0.00 | 421.44 | 422.44 | 1.00 |
| 04/10/2025 PURCHASE | 1,136.2600 | 9.6100 | 0.00 | 10,919.46 | 10,919.46 | 0.00 |
| 04/28/2025 PURCHASE | 520.4050 | 9.7700 | 0.00 | 5,084.36 | 5,084.36 | 0.00 |
| 05/02/2025 SALE | 43.5060 | 9.7099 | 0.00 | 427.43 | 422.44 | (4.99) |
| 05/28/2025 PURCHASE | 519.3790 | 9.6800 | 0.00 | 5,027.59 | 5,027.59 | 0.00 |
| 06/03/2025 SALE | 43.5060 | 9.7099 | 0.00 | 427.40 | 422.44 | (4.96) |
| 06/27/2025 PURCHASE | 506.1320 | 9.8200 | 0.00 | 4,970.22 | 4,970.22 | 0.00 |
| 07/01/2025 PURCHASE | 4,648.5550 | 9.8500 | 0.00 | 45,788.27 | 45,788.27 | 0.00 |
| 07/02/2025 SALE | 42.9310 | 9.8400 | 0.00 | 421.79 | 422.44 | 0.65 |
| 07/16/2025 PURCHASE | 682.0040 | 9.7700 | 0.00 | 6,663.18 | 6,663.18 | 0.00 |
| 07/17/2025 SALE | 28.4110 | 9.7800 | 0.00 | 279.13 | 277.86 | (1.27) |
| 07/28/2025 PURCHASE | 565.2190 | 9.7800 | 0.00 | 5,527.84 | 5,527.84 | 0.00 |
| 07/30/2025 SALE | 3,421.4220 | 9.8000 | 0.00 | 33,613.47 | 33,529.94 | (83.53) |
| 08/04/2025 SALE | 42.7140 | 9.8900 | 0.00 | 419.64 | 422.44 | 2.80 |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 08/27/2025 PURCHASE | 522.0370 | 9.8600 | 0.00 | 5,147.28 | 5,147.28 | 0.00 |
| 09/03/2025 SALE | 42.7570 | 9.8800 | 0.00 | 420.07 | 422.44 | 2.37 |
| 09/16/2025 SALE | 106.8820 | 10.0100 | 0.00 | 1,050.07 | 1,069.89 | 19.82 |
| 09/26/2025 PURCHASE | 524.3080 | 9.9200 | 0.00 | 5,201.14 | 5,201.14 | 0.00 |
| 09/29/2025 SALE | 284.8880 | 9.9500 | 0.00 | 2,799.01 | 2,834.64 | 35.63 |
| 09/30/2025 SALE | 78.5400 | 9.9400 | 0.00 | 771.65 | 780.69 | 9.04 |
| 10/02/2025 PURCHASE | 853.3410 | 9.9700 | 0.00 | 8,507.81 | 8,507.81 | 0.00 |
| 10/28/2025 PURCHASE | 569.5700 | 10.0100 | 0.00 | 5,701.40 | 5,701.40 | 0.00 |
| 11/04/2025 SALE | 42.4990 | 9.9400 | 0.00 | 417.62 | 422.44 | 4.82 |
| 11/18/2025 SALE | 27.9820 | 9.9300 | 0.00 | 274.97 | 277.86 | 2.89 |
| 11/28/2025 PURCHASE | 542.8280 | 9.9600 | 0.00 | 5,406.57 | 5,406.57 | 0.00 |
| 12/02/2025 SALE | 42.5420 | 9.9300 | 0.00 | 418.07 | 422.44 | 4.37 |
| 12/11/2025 PURCHASE | 899.3200 | 9.9300 | 0.00 | 8,930.25 | 8,930.25 | 0.00 |
| 12/18/2025 PURCHASE | 646.1440 | 9.9000 | 0.00 | 6,396.83 | 6,396.83 | 0.00 |
| **SECURITY TOTAL** | **54,637.1960** | | **0.00** | **536,885.33** | **536,317.41** | **(567.92)** |
| Vanguard Ultra-Short-Term Bond Admiral (CUSIP 922031711) | | | | | | |
| 01/02/2025 SALE | 130.4820 | 20.0300 | 0.00 | 2,610.25 | 2,613.55 | 3.30 |
| 01/03/2025 SALE | 10.3720 | 20.0309 | 0.00 | 207.49 | 207.76 | 0.27 |
| 01/07/2025 SALE | 6.8190 | 20.0396 | 0.00 | 136.41 | 136.65 | 0.24 |
| 01/31/2025 PURCHASE | 127.4420 | 20.0300 | 0.00 | 2,552.66 | 2,552.66 | 0.00 |
| 02/03/2025 SALE | 1,902.3680 | 20.0300 | 0.00 | 38,056.43 | 38,104.44 | 48.01 |
| 02/04/2025 SALE | 10.3670 | 20.0405 | 0.00 | 207.39 | 207.76 | 0.37 |
| 02/28/2025 PURCHASE | 117.9930 | 20.0598 | 0.00 | 2,366.92 | 2,366.92 | 0.00 |
| 03/04/2025 SALE | 10.3520 | 20.0696 | 0.00 | 207.09 | 207.76 | 0.67 |
| 03/26/2025 SALE | 29,993.0210 | 20.1000 | 0.00 | 600,009.96 | 602,859.72 | 2,849.76 |
| **SECURITY TOTAL** | **32,309.2160** | | **0.00** | **646,354.60** | **649,257.22** | **2,902.62** |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| Victory Intermediate Term Bond R6 (CUSIP 90291A601) | | | | | | |
| 01/02/2025 SALE | 414.0880 | 9.0700 | 0.00 | 3,781.12 | 3,755.78 | (25.34) |
| 01/03/2025 SALE | 35.1610 | 9.0600 | 0.00 | 321.06 | 318.56 | (2.50) |
| 01/07/2025 SALE | 23.2290 | 9.0202 | 0.00 | 212.11 | 209.53 | (2.58) |
| 01/31/2025 PURCHASE | 442.0500 | 9.0900 | 0.00 | 4,018.23 | 4,018.23 | 0.00 |
| 02/03/2025 SALE | 6,420.5290 | 9.1000 | 0.00 | 58,626.09 | 58,426.81 | (199.28) |
| 02/04/2025 SALE | 34.9300 | 9.1200 | 0.00 | 318.95 | 318.56 | (0.39) |
| 02/28/2025 PURCHASE | 375.5560 | 9.2600 | 0.00 | 3,477.65 | 3,477.65 | 0.00 |
| 03/04/2025 SALE | 34.4020 | 9.2599 | 0.00 | 314.14 | 318.56 | 4.42 |
| 03/26/2025 PURCHASE | 31,809.7490 | 9.1700 | 0.00 | 291,695.40 | 291,695.40 | 0.00 |
| 03/31/2025 PURCHASE | 409.3940 | 9.2200 | 0.00 | 3,774.61 | 3,774.61 | 0.00 |
| 04/02/2025 SALE | 45.7190 | 9.2399 | 0.00 | 417.91 | 422.44 | 4.53 |
| 04/10/2025 PURCHASE | 1,205.2380 | 9.0600 | 0.00 | 10,919.46 | 10,919.46 | 0.00 |
| 04/30/2025 PURCHASE | 543.8550 | 9.2000 | 0.00 | 5,003.47 | 5,003.47 | 0.00 |
| 05/02/2025 SALE | 46.2190 | 9.1400 | 0.00 | 422.46 | 422.44 | (0.02) |
| 05/30/2025 PURCHASE | 582.5080 | 9.1300 | 0.00 | 5,318.30 | 5,318.30 | 0.00 |
| 06/03/2025 SALE | 46.4220 | 9.1000 | 0.00 | 424.32 | 422.44 | (1.88) |
| 06/30/2025 PURCHASE | 524.7470 | 9.2400 | 0.00 | 4,848.66 | 4,848.66 | 0.00 |
| 07/01/2025 PURCHASE | 4,499.8420 | 9.2300 | 0.00 | 41,533.54 | 41,533.54 | 0.00 |
| 07/02/2025 SALE | 45.8180 | 9.2200 | 0.00 | 418.94 | 422.44 | 3.50 |
| 07/16/2025 PURCHASE | 729.8120 | 9.1300 | 0.00 | 6,663.18 | 6,663.18 | 0.00 |
| 07/17/2025 SALE | 30.4340 | 9.1299 | 0.00 | 278.28 | 277.86 | (0.42) |
| 07/30/2025 SALE | 3,652.4990 | 9.1800 | 0.00 | 33,396.87 | 33,529.94 | 133.07 |
| 07/31/2025 PURCHASE | 579.2660 | 9.1900 | 0.00 | 5,323.45 | 5,323.45 | 0.00 |
| 08/04/2025 SALE | 45.6200 | 9.2600 | 0.00 | 417.14 | 422.44 | 5.30 |
| 08/29/2025 PURCHASE | 577.4250 | 9.2600 | 0.00 | 5,346.96 | 5,346.96 | 0.00 |
| 09/03/2025 SALE | 45.6200 | 9.2600 | 0.00 | 417.16 | 422.44 | 5.28 |
| 09/16/2025 SALE | 114.0610 | 9.3800 | 0.00 | 1,043.00 | 1,069.89 | 26.89 |
| 09/29/2025 SALE | 303.8200 | 9.3300 | 0.00 | 2,778.20 | 2,834.64 | 56.44 |
| 09/30/2025 SALE | 83.7650 | 9.3200 | 0.00 | 765.97 | 780.69 | 14.72 |
| 09/30/2025 PURCHASE | 543.1260 | 9.3200 | 0.00 | 5,061.93 | 5,061.93 | 0.00 |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 10/02/2025 PURCHASE | 909.9260 | 9.3500 | 0.00 | 8,507.81 | 8,507.81 | 0.00 |
| 10/31/2025 PURCHASE | 598.6510 | 9.3400 | 0.00 | 5,591.40 | 5,591.40 | 0.00 |
| 11/04/2025 SALE | 45.2290 | 9.3400 | 0.00 | 413.71 | 422.44 | 8.73 |
| 11/18/2025 SALE | 29.8130 | 9.3201 | 0.00 | 272.70 | 277.86 | 5.16 |
| 11/28/2025 PURCHASE | 510.1920 | 9.3700 | 0.00 | 4,780.50 | 4,780.50 | 0.00 |
| 12/02/2025 SALE | 45.2290 | 9.3400 | 0.00 | 413.75 | 422.44 | 8.69 |
| 12/11/2025 PURCHASE | 958.1810 | 9.3200 | 0.00 | 8,930.25 | 8,930.25 | 0.00 |
| 12/31/2025 PURCHASE | 586.5940 | 9.3200 | 0.00 | 5,467.06 | 5,467.06 | 0.00 |
| **SECURITY TOTAL** | **57,928.7190** | | **0.00** | **531,715.76** | **531,760.06** | **44.30** |

**ATTACHMENT TO 2025 SCHEDULE SB (FORM 5500)**

**EIN: 11-1797126 PN: 001**

**Line 26 - Schedule of Active Participant Data**

| | YEARS OF CREDITED SERVICE | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 & up | | | |
| **Attained Age** | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg 0 | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | Total | |
| Under 25 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | **0** | |
| 25 to 29 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | **0** | |
| 30 to 34 | 0 | | 0 | | 0 | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | **1** | |
| 35 to 39 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | **0** | |
| 40 to 44 | 0 | | 0 | | 0 | | 0 | | 2 | | 2 | | 0 | | 0 | | 0 | | 0 | | **4** | |
| 45 to 49 | 0 | | 0 | | 0 | | 0 | | 3 | | 2 | | 1 | | 0 | | 0 | | 0 | | **6** | |
| 50 to 54 | 0 | | 0 | | 0 | | 1 | | 4 | | 2 | | 3 | | 1 | | 1 | | 0 | | **12** | |
| 55 to 59 | 0 | | 0 | | 0 | | 0 | | 3 | | 2 | | 5 | | 1 | | 0 | | 0 | | **11** | |
| 60 to 64 | 0 | | 0 | | 0 | | 0 | | 2 | | 3 | | 1 | | 0 | | 0 | | 1 | | **7** | |
| 65 to 69 | 0 | | 0 | | 0 | | 0 | | 2 | | 0 | | 1 | | 0 | | 0 | | 0 | | **3** | |
| 70 & up | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 1 | | **1** | |
| Total | **0** | | **0** | | **0** | | **2** | | **16** | | **11** | | **11** | | **2** | | **1** | | **2** | | **45** | |

## Actuarial Methods and Assumptions

### ACTUARIAL METHOD

| | |
|---|---|
| Funding Target and Target Normal Cost | Unit Credit per PPA funding rules |
| Asset Method | Asset Smoothing per IRC Section 1.430(g)-1(c)(2) and IRS Notice 2009-22 |

### ACTUARIAL ASSUMPTIONS

| Interest Rates | Minimum Contribution | Maximum Contribution |
|---|---|---|
| First Segment Interest Rate | 5.00% | 5.00% |
| Second Segment Interest Rate | 5.27% | 5.27% |
| Third Segment Interest Rate | 5.50% | 5.40% |
| Lookback Month* | Month Containing the Valuation Date | |
| Transition Rule | N/A | |

| | |
|---|---|
| Mortality of Employees | Combined Static Mortality table projected to valuation date |
| Mortality of Retirees | Combined Static Mortality table projected to valuation date |
| Mortality Assumption for accounting Standards Codification Topic 960 | Pri-2012 Total Dataset Mortality Table projected with Scale MP-2021 |
| Non-Investment Expenses | 0 |
| Salary Increases | 3.50% |
| Termination Rates | 2003 SOA Small Plan Turnover Table |
| Disablement Rates | None |
| Retirement Age | 65 |
| Marital Status | 80% assumed married with spouse 3 years younger. |
| Form of Payment | Lump Sum |
| American Rescue Plan Act of 2021 (ARPA) | Plan Sponsor elected to apply ARPA, for all purposes, for the plan years beginning on or after January 1, 2021 |

#### Change in Assumptions

1. The lump sum conversion table was changed from the 2024 Applicable Mortality Table to the 2025 Applicable Mortality Table for the ASC 960 liability calculation.
2. The lump sum conversion interest rates were changed from the November 2023 417(e) rates to the November 2024 417(e) rates for the ASC 960 liability calculation.

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
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Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| BNY Mellon Natural Resources Y | | | | | | |
| (CUSIP 05587A867) | | | | | | |
| 03/26/2025 PURCHASE | 9,263.4450 | 43.2900 | 0.00 | 401,014.52 | 401,014.52 | 0.00 |
| 04/02/2025 SALE | 3.2570 | 42.5269 | 0.00 | 141.00 | 138.51 | (2.49) |
| 04/10/2025 PURCHASE | 102.0570 | 35.0799 | 0.00 | 3,580.15 | 3,580.15 | 0.00 |
| 05/02/2025 SALE | 3.5180 | 39.3718 | 0.00 | 151.98 | 138.51 | (13.47) |
| 06/03/2025 SALE | 3.3240 | 41.6697 | 0.00 | 143.60 | 138.51 | (5.09) |
| 07/01/2025 PURCHASE | 488.6830 | 43.8400 | 0.00 | 21,423.86 | 21,423.86 | 0.00 |
| 07/02/2025 SALE | 3.0840 | 44.9125 | 0.00 | 133.33 | 138.51 | 5.18 |
| 07/16/2025 PURCHASE | 49.8440 | 43.8297 | 0.00 | 2,184.65 | 2,184.65 | 0.00 |
| 07/17/2025 SALE | 2.0670 | 44.0735 | 0.00 | 89.37 | 91.10 | 1.73 |
| 07/30/2025 SALE | 250.1920 | 43.9399 | 0.00 | 10,817.12 | 10,993.42 | 176.30 |
| 08/04/2025 SALE | 3.2320 | 42.8558 | 0.00 | 139.74 | 138.51 | (1.23) |
| 09/03/2025 SALE | 3.0830 | 44.9270 | 0.00 | 133.29 | 138.51 | 5.22 |
| 09/16/2025 SALE | 7.5960 | 46.1796 | 0.00 | 328.42 | 350.78 | 22.36 |
| 09/29/2025 SALE | 19.7070 | 47.1604 | 0.00 | 852.04 | 929.39 | 77.35 |
| 09/30/2025 SALE | 5.4460 | 46.9996 | 0.00 | 235.46 | 255.96 | 20.50 |
| 10/02/2025 PURCHASE | 59.4260 | 46.9399 | 0.00 | 2,789.45 | 2,789.45 | 0.00 |
| 11/04/2025 SALE | 3.0860 | 44.8833 | 0.00 | 133.49 | 138.51 | 5.02 |
| 11/18/2025 SALE | 1.9380 | 47.0072 | 0.00 | 83.83 | 91.10 | 7.27 |
| 12/02/2025 SALE | 2.8490 | 48.6171 | 0.00 | 123.24 | 138.51 | 15.27 |
| 12/03/2025 PURCHASE | 243.9970 | 48.2599 | 0.00 | 11,775.28 | 11,775.28 | 0.00 |
| 12/11/2025 PURCHASE | 59.3300 | 49.3502 | 0.00 | 2,927.95 | 2,927.95 | 0.00 |
| **SECURITY TOTAL** | **10,579.1610** | | **0.00** | **459,201.76** | **459,515.69** | **313.93** |
| GMO Resources Fund R6 | | | | | | |
| (CUSIP 36256V783) | | | | | | |
| 01/02/2025 PURCHASE | 2,758.5150 | 18.7100 | 0.00 | 51,611.82 | 51,611.82 | 0.00 |
| 01/03/2025 SALE | 7.3360 | 18.8809 | 0.00 | 154.83 | 138.51 | (16.32) |
| 01/07/2025 SALE | 4.7180 | 19.3090 | 0.00 | 99.58 | 91.10 | (8.48) |
| 02/03/2025 SALE | 1,389.6590 | 18.2800 | 0.00 | 29,330.28 | 25,402.96 | (3,927.32) |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 02/04/2025 SALE | 7.4430 | 18.6094 | 0.00 | 157.09 | 138.51 | (18.58) |
| 03/04/2025 SALE | 8.3040 | 16.6799 | 0.00 | 175.27 | 138.51 | (36.76) |
| 03/26/2025 SALE | 21,665.2780 | 17.6900 | 0.00 | 457,269.56 | 383,258.77 | (74,010.79) |
| **SECURITY TOTAL** | **25,841.2530** | | **0.00** | **538,798.43** | **460,780.18** | **(78,018.25)** |
| Natixis Loomis Say Inv Gr-N2 (CUSIP 543488829) | | | | | | |
| 01/02/2025 SALE | 133.2730 | 9.7100 | 0.00 | 1,309.95 | 1,294.08 | (15.87) |
| 01/03/2025 SALE | 32.8410 | 9.7001 | 0.00 | 322.80 | 318.56 | (4.24) |
| 01/07/2025 SALE | 21.7130 | 9.6500 | 0.00 | 213.42 | 209.53 | (3.89) |
| 01/30/2025 PURCHASE | 387.3390 | 9.7500 | 0.00 | 3,776.56 | 3,776.56 | 0.00 |
| 02/03/2025 SALE | 5,998.6460 | 9.7400 | 0.00 | 58,959.11 | 58,426.81 | (532.30) |
| 02/04/2025 SALE | 32.6390 | 9.7601 | 0.00 | 320.80 | 318.56 | (2.24) |
| 02/28/2025 PURCHASE | 350.7840 | 9.8900 | 0.00 | 3,469.25 | 3,469.25 | 0.00 |
| 03/04/2025 SALE | 32.2100 | 9.8901 | 0.00 | 316.59 | 318.56 | 1.97 |
| 03/26/2025 PURCHASE | 29,702.7700 | 9.8200 | 0.00 | 291,681.20 | 291,681.20 | 0.00 |
| 03/28/2025 PURCHASE | 518.0120 | 9.8100 | 0.00 | 5,081.70 | 5,081.70 | 0.00 |
| 04/02/2025 SALE | 42.8870 | 9.8501 | 0.00 | 421.44 | 422.44 | 1.00 |
| 04/10/2025 PURCHASE | 1,136.2600 | 9.6100 | 0.00 | 10,919.46 | 10,919.46 | 0.00 |
| 04/28/2025 PURCHASE | 520.4050 | 9.7700 | 0.00 | 5,084.36 | 5,084.36 | 0.00 |
| 05/02/2025 SALE | 43.5060 | 9.7099 | 0.00 | 427.43 | 422.44 | (4.99) |
| 05/28/2025 PURCHASE | 519.3790 | 9.6800 | 0.00 | 5,027.59 | 5,027.59 | 0.00 |
| 06/03/2025 SALE | 43.5060 | 9.7099 | 0.00 | 427.40 | 422.44 | (4.96) |
| 06/27/2025 PURCHASE | 506.1320 | 9.8200 | 0.00 | 4,970.22 | 4,970.22 | 0.00 |
| 07/01/2025 PURCHASE | 4,648.5550 | 9.8500 | 0.00 | 45,788.27 | 45,788.27 | 0.00 |
| 07/02/2025 SALE | 42.9310 | 9.8400 | 0.00 | 421.79 | 422.44 | 0.65 |
| 07/16/2025 PURCHASE | 682.0040 | 9.7700 | 0.00 | 6,663.18 | 6,663.18 | 0.00 |
| 07/17/2025 SALE | 28.4110 | 9.7800 | 0.00 | 279.13 | 277.86 | (1.27) |
| 07/28/2025 PURCHASE | 565.2190 | 9.7800 | 0.00 | 5,527.84 | 5,527.84 | 0.00 |
| 07/30/2025 SALE | 3,421.4220 | 9.8000 | 0.00 | 33,613.47 | 33,529.94 | (83.53) |
| 08/04/2025 SALE | 42.7140 | 9.8900 | 0.00 | 419.64 | 422.44 | 2.80 |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 08/27/2025 PURCHASE | 522.0370 | 9.8600 | 0.00 | 5,147.28 | 5,147.28 | 0.00 |
| 09/03/2025 SALE | 42.7570 | 9.8800 | 0.00 | 420.07 | 422.44 | 2.37 |
| 09/16/2025 SALE | 106.8820 | 10.0100 | 0.00 | 1,050.07 | 1,069.89 | 19.82 |
| 09/26/2025 PURCHASE | 524.3080 | 9.9200 | 0.00 | 5,201.14 | 5,201.14 | 0.00 |
| 09/29/2025 SALE | 284.8880 | 9.9500 | 0.00 | 2,799.01 | 2,834.64 | 35.63 |
| 09/30/2025 SALE | 78.5400 | 9.9400 | 0.00 | 771.65 | 780.69 | 9.04 |
| 10/02/2025 PURCHASE | 853.3410 | 9.9700 | 0.00 | 8,507.81 | 8,507.81 | 0.00 |
| 10/28/2025 PURCHASE | 569.5700 | 10.0100 | 0.00 | 5,701.40 | 5,701.40 | 0.00 |
| 11/04/2025 SALE | 42.4990 | 9.9400 | 0.00 | 417.62 | 422.44 | 4.82 |
| 11/18/2025 SALE | 27.9820 | 9.9300 | 0.00 | 274.97 | 277.86 | 2.89 |
| 11/28/2025 PURCHASE | 542.8280 | 9.9600 | 0.00 | 5,406.57 | 5,406.57 | 0.00 |
| 12/02/2025 SALE | 42.5420 | 9.9300 | 0.00 | 418.07 | 422.44 | 4.37 |
| 12/11/2025 PURCHASE | 899.3200 | 9.9300 | 0.00 | 8,930.25 | 8,930.25 | 0.00 |
| 12/18/2025 PURCHASE | 646.1440 | 9.9000 | 0.00 | 6,396.83 | 6,396.83 | 0.00 |
| **SECURITY TOTAL** | **54,637.1960** | | **0.00** | **536,885.33** | **536,317.41** | **(567.92)** |
| Vanguard Ultra-Short-Term Bond Admiral (CUSIP 922031711) | | | | | | |
| 01/02/2025 SALE | 130.4820 | 20.0300 | 0.00 | 2,610.25 | 2,613.55 | 3.30 |
| 01/03/2025 SALE | 10.3720 | 20.0309 | 0.00 | 207.49 | 207.76 | 0.27 |
| 01/07/2025 SALE | 6.8190 | 20.0396 | 0.00 | 136.41 | 136.65 | 0.24 |
| 01/31/2025 PURCHASE | 127.4420 | 20.0300 | 0.00 | 2,552.66 | 2,552.66 | 0.00 |
| 02/03/2025 SALE | 1,902.3680 | 20.0300 | 0.00 | 38,056.43 | 38,104.44 | 48.01 |
| 02/04/2025 SALE | 10.3670 | 20.0405 | 0.00 | 207.39 | 207.76 | 0.37 |
| 02/28/2025 PURCHASE | 117.9930 | 20.0598 | 0.00 | 2,366.92 | 2,366.92 | 0.00 |
| 03/04/2025 SALE | 10.3520 | 20.0696 | 0.00 | 207.09 | 207.76 | 0.67 |
| 03/26/2025 SALE | 29,993.0210 | 20.1000 | 0.00 | 600,009.96 | 602,859.72 | 2,849.76 |
| **SECURITY TOTAL** | **32,309.2160** | | **0.00** | **646,354.60** | **649,257.22** | **2,902.62** |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| Victory Intermediate Term Bond R6 (CUSIP 90291A601) | | | | | | |
| 01/02/2025 SALE | 414.0880 | 9.0700 | 0.00 | 3,781.12 | 3,755.78 | (25.34) |
| 01/03/2025 SALE | 35.1610 | 9.0600 | 0.00 | 321.06 | 318.56 | (2.50) |
| 01/07/2025 SALE | 23.2290 | 9.0202 | 0.00 | 212.11 | 209.53 | (2.58) |
| 01/31/2025 PURCHASE | 442.0500 | 9.0900 | 0.00 | 4,018.23 | 4,018.23 | 0.00 |
| 02/03/2025 SALE | 6,420.5290 | 9.1000 | 0.00 | 58,626.09 | 58,426.81 | (199.28) |
| 02/04/2025 SALE | 34.9300 | 9.1200 | 0.00 | 318.95 | 318.56 | (0.39) |
| 02/28/2025 PURCHASE | 375.5560 | 9.2600 | 0.00 | 3,477.65 | 3,477.65 | 0.00 |
| 03/04/2025 SALE | 34.4020 | 9.2599 | 0.00 | 314.14 | 318.56 | 4.42 |
| 03/26/2025 PURCHASE | 31,809.7490 | 9.1700 | 0.00 | 291,695.40 | 291,695.40 | 0.00 |
| 03/31/2025 PURCHASE | 409.3940 | 9.2200 | 0.00 | 3,774.61 | 3,774.61 | 0.00 |
| 04/02/2025 SALE | 45.7190 | 9.2399 | 0.00 | 417.91 | 422.44 | 4.53 |
| 04/10/2025 PURCHASE | 1,205.2380 | 9.0600 | 0.00 | 10,919.46 | 10,919.46 | 0.00 |
| 04/30/2025 PURCHASE | 543.8550 | 9.2000 | 0.00 | 5,003.47 | 5,003.47 | 0.00 |
| 05/02/2025 SALE | 46.2190 | 9.1400 | 0.00 | 422.46 | 422.44 | (0.02) |
| 05/30/2025 PURCHASE | 582.5080 | 9.1300 | 0.00 | 5,318.30 | 5,318.30 | 0.00 |
| 06/03/2025 SALE | 46.4220 | 9.1000 | 0.00 | 424.32 | 422.44 | (1.88) |
| 06/30/2025 PURCHASE | 524.7470 | 9.2400 | 0.00 | 4,848.66 | 4,848.66 | 0.00 |
| 07/01/2025 PURCHASE | 4,499.8420 | 9.2300 | 0.00 | 41,533.54 | 41,533.54 | 0.00 |
| 07/02/2025 SALE | 45.8180 | 9.2200 | 0.00 | 418.94 | 422.44 | 3.50 |
| 07/16/2025 PURCHASE | 729.8120 | 9.1300 | 0.00 | 6,663.18 | 6,663.18 | 0.00 |
| 07/17/2025 SALE | 30.4340 | 9.1299 | 0.00 | 278.28 | 277.86 | (0.42) |
| 07/30/2025 SALE | 3,652.4990 | 9.1800 | 0.00 | 33,396.87 | 33,529.94 | 133.07 |
| 07/31/2025 PURCHASE | 579.2660 | 9.1900 | 0.00 | 5,323.45 | 5,323.45 | 0.00 |
| 08/04/2025 SALE | 45.6200 | 9.2600 | 0.00 | 417.14 | 422.44 | 5.30 |
| 08/29/2025 PURCHASE | 577.4250 | 9.2600 | 0.00 | 5,346.96 | 5,346.96 | 0.00 |
| 09/03/2025 SALE | 45.6200 | 9.2600 | 0.00 | 417.16 | 422.44 | 5.28 |
| 09/16/2025 SALE | 114.0610 | 9.3800 | 0.00 | 1,043.00 | 1,069.89 | 26.89 |
| 09/29/2025 SALE | 303.8200 | 9.3300 | 0.00 | 2,778.20 | 2,834.64 | 56.44 |
| 09/30/2025 SALE | 83.7650 | 9.3200 | 0.00 | 765.97 | 780.69 | 14.72 |
| 09/30/2025 PURCHASE | 543.1260 | 9.3200 | 0.00 | 5,061.93 | 5,061.93 | 0.00 |

PENSION PLAN FOR EMPLOYEES OF
CHASE CORPORATION
(E.I.N. 11-1797126 - Plan Number 001)
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

| DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED | QUANTITY | PRICE | EXPENSE INCURRED | COST OF ASSET | VALUE OF ASSET | NET GAIN(LOSS) |
|---|---|---|---|---|---|---|
| **BASED ON MARKET VALUE OF 8,467,415.85 AND 5% VALUE OF 423,370.79** | | | | | | |
| 10/02/2025 PURCHASE | 909.9260 | 9.3500 | 0.00 | 8,507.81 | 8,507.81 | 0.00 |
| 10/31/2025 PURCHASE | 598.6510 | 9.3400 | 0.00 | 5,591.40 | 5,591.40 | 0.00 |
| 11/04/2025 SALE | 45.2290 | 9.3400 | 0.00 | 413.71 | 422.44 | 8.73 |
| 11/18/2025 SALE | 29.8130 | 9.3201 | 0.00 | 272.70 | 277.86 | 5.16 |
| 11/28/2025 PURCHASE | 510.1920 | 9.3700 | 0.00 | 4,780.50 | 4,780.50 | 0.00 |
| 12/02/2025 SALE | 45.2290 | 9.3400 | 0.00 | 413.75 | 422.44 | 8.69 |
| 12/11/2025 PURCHASE | 958.1810 | 9.3200 | 0.00 | 8,930.25 | 8,930.25 | 0.00 |
| 12/31/2025 PURCHASE | 586.5940 | 9.3200 | 0.00 | 5,467.06 | 5,467.06 | 0.00 |
| **SECURITY TOTAL** | **57,928.7190** | | **0.00** | **531,715.76** | **531,760.06** | **44.30** |

# 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
PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHASE CORPORATION

**D** Employer Identification Number (EIN)
11-1797126

**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** | 8,467,416 |
| **b** Actuarial value | **2b** | 8,216,720 |

**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 | 6 | 411,774 | 411,774 |
| **b** For terminated vested participants | 53 | 2,020,791 | 2,020,791 |
| **c** For active participants | 45 | 3,994,114 | 3,994,612 |
| **d** Total | 104 | 6,426,679 | 6,427,177 |

**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** | 5.25% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 260,263 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 260,263 |

**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

10/1/2026
Date

BRIAN R. WEST, EA FSA MSEA FCA MAAA
Type or print name of actuary

2607202
Most recent enrollment number

FUTUREPLAN BY ASCENSUS
Firm name

727-395-1578
Telephone number (including area code)

PO BOX 56034

BOSTON MA 02205
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) | 2,345,084 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 62,218 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 2,282,866 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.78% | 154,778 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 541 |
| | **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 4.97% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 37 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 578 |
| | **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) | 2,437,644 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 89.91% |
| 15 | Adjusted funding target attainment percentage | 15 | 127.84% |
| 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 | 131.34% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/09/2025 | 73,425 | 0 | | | |
| 07/15/2025 | 43,693 | 0 | | | |
| 10/01/2025 | 58,559 | 0 | | | |
| 12/10/2025 | 58,559 | 0 | | | |
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| | | | | | |
| | | | Totals ► 18(b) | 234,236 | 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 | 227,108 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.00 % | 5.27 % | 5.50% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 260,263 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **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** | 260,263 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 36,300 | 0 | 36,300 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 223,963 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 227,108 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3,145 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 3,145 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

## Summary of Plan Provisions

### Plan Effective Date

March 1, 1975

### Eligibility Requirements - Plan Participation

Employees become participants on the earlier of January 1 or July 1 immediately following the date which the employee attains age 21 and completes six months of service.

Effective December 1, 2008, participation in the Plan was closed to any employees not currently employed as of that date, with the exception of members of the International Association of Machinists Aerospace Workers. Participation is closed to all Union Participants hired after July 15, 2012.

### Eligibility Requirements - Normal Retirement

Normal Retirement Age: 65
Years of Service: 5

### Eligibility Requirements - Early Retirement

Early Retirement Age: 55
Years of Service: 5

The participant's early retirement benefit is the accrued benefit reduced by 1/15 for each of the first five (5) years, 1/30 for each of the next five (5) years, and actuarially thereafter that the annuity start date precedes the Normal Retirement Date.

### Death Benefits

Upon death of an active participant who has completed at least five (5) years of service, the death benefit equals the Actuarial Equivalent of the Participant's accrued benefit. For married participants, the Actuarial Equivalent of the Participant's accrued benefit may not be less than the Actuarial Equivalent of the Qualified Preretirement Survivor Annuity ("QPSA").

The QPSA for married participants is a benefit equal to 50% of the benefit "as if" the participant separated from service on the date of death, survived to their earliest retirement date, retired with a 50% joint and survivor annuity, and died on the annuity starting date. The benefit is payable at the later of the month in which the Participant dies or the month in which the Participant would have reached their earliest retirement age.

### Disability Benefits - Amount and Eligibility

Upon retirement due to permanent and total disability with at least five (5) years of vesting service, the participant's disability benefit is the accrued benefit reduced by 1/15 for each of the first five (5) years, 1/30 for each of the next five (5) years, and actuarially thereafter that the annuity start date precedes the Normal Retirement Date.

## Summary of Plan Provisions

### Method of Payment of Normal Retirement Pension Benefit

For single participants: life annuity. However, for Union participants and Non-union participants hired prior to May 1, 1995, the normal form is a 10-year certain and life annuity.

For married participants: 50% joint and survivor annuity that is actuarially equivalent to the single life annuity or the 10-year certain and life annuity, as applicable.

### Amount of Monthly Normal Retirement Pension

The Monthly Pension payable to a retired Participant shall be as follows:

For Non-union participants hired on or after May 1, 1995, the monthly benefit is equal to the excess of (a) over (b) plus (c) where:

(a) 0.75% of the participant's Final Average Earnings multiplied by Credited Service up to a maximum of 35 years.

(b) 0.3% of the participant's Final Average Earnings up to the Covered Compensation, multiplied by Credited Service up to a maximum of 35 years.

(c) 0.4% of a participant's Final Average Earnings multiplied by Credited Service in excess of 35 years up to a maximum of 40 years.

For Union participants and Non-union participants hired prior to May 1, 1995, the monthly benefit is equal to the excess of (a) over (b) plus (c) where:

(a) 1.5% of the participant's Final Average Earnings multiplied by Credited Service up to a maximum of 35 years.

(b) 0.6% of the participant's Final Average Earnings up to the Covered Compensation, multiplied by Credited Service up to a maximum of 35 years.

(c) 0.8% of a participant's Final Average Earnings multiplied by Credited Service in excess of 35 years up to a maximum of 40 years.

### Benefits on Termination of Employment - Vesting

Employees are Vested in their Accrued Monthly Pension Benefit in accordance with the following Schedule:

| Years of Vesting Service | Vested Percentage |
|---|---|
| Less than 5 | 0% |
| 5 or more | 100% |

A Year of Vesting Service shall be credited for each Plan Year during which the Employee is credited with 1,000 Hours of Service for all years of employment.

## Summary of Plan Provisions

### Final Average Compensation

The monthly compensation averaged over the three (3) consecutive plan years ending with the current plan year. If the Participant has less than three (3) plan years of compensation, then the average is based on the months of service from date of employment to date of termination.

### Covered Compensation

The average of the Social Security Wage base for the 35-year period ending in the year the employee attains Social Security Retirement Age.

### Optional Forms of Payment

Optional forms of benefit are actuarially equivalent to the life annuity or 10-year certain and life annuity, as applicable, and include: single life annuity; 5-year and 10-year certain and life annuity; 50%, 66-2/3%, 75%, and 100% joint and survivor annuity; and Lump sum.

### Actuarial Equivalent

Actuarial equivalence for annuity forms of benefit is based upon an interest rate of 5.0% and the 1971 Group Annuity Mortality Table. For Union participants or Non-union participants hired prior to May 1, 1995, the mortality table is the 1971 Group Annuity Mortality Table (unisex) weighted 0% male and 90% female with no age setbacks. For Non-union participants hired on or after May 1, 1995, the mortality table is the 1971 Group Annuity Mortality Table for Males with no age setbacks.

Actuarial equivalence for the lump sum form of payment is based upon the adjusted first, second, and third segment rates applied to plan funding under IRC Section 430(h)(2), computed without regard to a 24 month average (“ IRC 417(e) interest rates”) for the 2nd month prior to the plan year of distribution and the mortality table prescribed under IRC Section 417(e) for the plan year of distribution. However, such lump sum may not be less than the lump sum determined using actuarial equivalence for annuity forms of benefit.

### Funding of Plan Benefits

The Plan requires that the Plan Sponsor fund the full cost of all benefits.

**PENSION PLAN FOR EMPLOYEES OF CHASE CORPORATION**

***(E.I.N. 11-1797126 - Plan Number 001)***

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

***December 31, 2025***

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | American Funds Inflation Linked Bd R6 | Mutual Fund | $ 630,763 | 645,530 |
| | Artisan High Income-Inst | Mutual Fund | 764,138 | 788,042 |
| | Baron Durable Advantage R6 | Mutual Fund | 237,278 | 320,011 |
| | BNY Mellon Natural Resources Y | Mutual Fund | 432,190 | 489,458 |
| | Columbia Select Large Cap Value Fund Instl 3 | Mutual Fund | 526,063 | 691,465 |
| | Dodge & Cox Global Bond Fund | Mutual Fund | 354,931 | 348,880 |
| | JPMorgan Growth Advantage Fund R5 | Mutual Fund | 197,716 | 319,714 |
| | Natixis Loomis Say Inv Gr-N2 | Mutual Fund | 1,316,137 | 1,325,743 |
| | PGIM Jen Intl Opportunities Cl R6 | Mutual Fund | 1,195,924 | 1,454,310 |
| | Vanguard Emerg Mkts Bnd-Adm | Mutual Fund | 305,772 | 318,088 |
| | Vanguard Extended Market Index Admiral | Mutual Fund | 312,647 | 551,783 |
| | Vanguard Small Cap Index Adm | Mutual Fund | 161,406 | 276,957 |
| | Victory Intermediate Term Bond R6 | Mutual Fund | 1,304,375 | 1,328,645 |
| | | | **$ 7,739,340** | **$ 8,858,626** |