Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/29/2007

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)
MOMENTIVE PERFORMANCE MATERIALS INC

2750 BALLTOWN ROAD
SCHENECTADY, NY 12309

2b Employer Identification Number (EIN) 20-5748297

2c Plan Sponsor's telephone number 844-540-0444

2d Business code (see instructions) 325900

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	BILLIE JO CUTHBERT
	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**	1947
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)**	612
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	562
b	Retired or separated participants receiving benefits	**6b**	986
c	Other retired or separated participants entitled to future benefits	**6c**	303
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1851
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	90
f	Total. Add lines **6d** and **6e**.	**6f**	1941
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	134638531
b Actuarial value	**2b**	134638531

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	1035	106003171	106003171
b For terminated vested participants	323	17595730	17595730
c For active participants	612	39012095	39012095
d Total	1970	162610996	162610996

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	616926
b Expected plan-related expenses	**6b**	2558000
c Target normal cost	**6c**	3174926

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

10/14/2026
Date

DAVID M. HAUER
Type or print name of actuary

26-06576
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

216-937-4000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.58 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1913222
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		98722
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2011944
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	82.79 %
15	Adjusted funding target attainment percentage	15	82.79 %
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	80.71 %
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
04/14/2025	1604816	0			
07/14/2025	1150000	0			
10/14/2025	1373177	0			
01/13/2026	1377148	0			
09/11/2026	1124113	0			
			Totals ► 18(b)	6629254	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	6350488

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:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	3174926
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	27972465	2945731
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**	6120657

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

36 Additional cash requirement (line 34 minus line 35)	**36**	6120657
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6350488
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	229831
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 28	NONE	239230	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OCTOBER THREE CONSULTING LLC

233 SOUTH WACKER DRIVE SUITE 8350
CHICAGO, IL 60606-7147

(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?
15	NONE	209377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENTS COMPANY

23-1707341

(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?
28	NONE	75307	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	55851	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CARON AND BLETZER, PLLC

04-3499945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN LEWIS & BOCKIUS LLP

110 N UPPER WACKER DR
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	2969	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	2625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIFEWORKS (US) LTD

52-1883918

(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?
15 99	NONE	975	Yes [ ] No [X]	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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FUND			
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2952401
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI ENERGY DEBT CIT			
b Name of sponsor of entity listed in (a): SEI			
c EIN-PN 47-4093583-082	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	513385
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI STRUCTURED CREDIT COLLECTIVE FD			
b Name of sponsor of entity listed in (a): SEI			
c EIN-PN 75-3251893-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI SPECIAL SITUATIONS CIT			
b Name of sponsor of entity listed in (a): SEI			
c EIN-PN 27-0977453-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI GLOBAL PRIVATE ASSETS IV CIT			
b Name of sponsor of entity listed in (a): SEI			
c EIN-PN 81-5067490-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5606958
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI SECONDARY OPPORTUNITY FUND I CI			
b Name of sponsor of entity listed in (a): SEI			
c EIN-PN 88-1328306-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1810744
a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DIVERSIFIED EQUITY			
b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.			
c EIN-PN 82-6695738-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38082860

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST REAL ASSETS FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20739923

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DIVERSIFIED CREDIT

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23269894

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 10 YR KEY RATE DURATION

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4586358

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15 YR KEY RATE DURATION

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4863655

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 20 YR KEY RATE DURATION

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 45-3856189-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3921651

a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 25PLUS YR KEY RATE DURA

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6824204

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERMEDIATE US GOVT B

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-144	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6135540

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US GOVT BOND INDE

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-142	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6720669

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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	484011	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2349969	2501261
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	31505	9537
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)	14111413	15676998
(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)	117695185	126028241
(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)		
(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	134672083	144216037
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	146554	131238
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	146554	131238
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	134525529	144084799

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)	6629254	
(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)		6629254
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14889062
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		21518316
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9605093	
(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)		9605093
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)	232960	
(4) IQPA audit fees	2i(4)	36625	
(5) Investment advisory and investment management fees	2i(5)	317360	
(6) Bank or trust company trustee/custodial fees	2i(6)	68630	
(7) Actuarial fees	2i(7)	89230	
(8) Legal fees	2i(8)	6767	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1602381	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2353953
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11959046
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9559270
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: CARON & BLETZER, PLLC **(2)** EIN: 04-3499945

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		20000000
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**		X	
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 588830.

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
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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): 25-1926855

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** 3

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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: 27.0 % Private Equity: 5.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %
High-Yield Debt: 14.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 6.0 % Other: 11.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

CARON BLETZER

Employee Benefit Plan Audit Specialists

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
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Certain supplemental schedules have been omitted because they are either not required or not applicable.

CARON BLETZER

1 Library Lane
Kingston, NH 03848
Tel: 603-658-8000
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Employee Benefit Plan Audit Specialists

Independent Auditor's Report

To the Plan Administrator of the Momentive Performance Materials Inc. Pension Plan:

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note F 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- 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 ("GAAP").

- 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

- 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 GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the Schedule H, Line 4(j) - 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the certified 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).

Caron & Bletzer, PLLC

Kingston, NH
October 14, 2026

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets:		
Cash	$ -	$ 484,011
Investments, at fair value		
Common collective trusts	126,028,241	117,695,185
Commingled funds	15,676,998	14,111,413
Total investments at fair value	141,705,239	131,806,598
Receivables:		
Employer contributions	2,501,261	2,349,969
Accrued interest and dividends	9,537	31,505
Total receivables	2,510,798	2,381,474
Total assets	144,216,037	134,672,083
Liabilities:		
Accrued expenses	131,238	146,554
Net assets available for benefits	$ 144,084,799	$ 134,525,529

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

CARON BLETZER

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2025

	2025
Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 14,736,178
Interest and dividend income	152,884
	14,889,062
Contributions:	
Employer contributions	6,629,254
Total additions	21,518,316
Deductions:	
Benefits paid to participants	9,605,093
Administrative expenses	2,353,953
Total deductions	11,959,046
Net increase	9,559,270
Net assets available for benefits:	
Beginning of year	134,525,529
End of year	$ 144,084,799

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

CARON BLETZER

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Other vested benefits	$ 26,576,663	$ 29,039,229
Participants currently receiving payments	92,575,442	89,421,942
Terminated vested benefits	12,506,480	13,296,365
Total vested benefits	131,658,585	131,757,536
Total actuarial present value of accumulated plan benefits	$131,658,585	$131,757,536

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

CARON BLETZER

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2025

	2025
Actuarial present value of accumulated plan benefits, at beginning of year	$ 131,757,536
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	8,650
Benefits accumulated	485,866
Decrease in discount period	9,558,064
Actuarial (gains)/losses	(546,438)
Benefits paid	(9,605,093)
Net decrease	(98,951)
Actuarial present value of accumulated plan benefits, at end of year	$ 131,658,585

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

CARON BLETZER

A. DESCRIPTION OF PLAN:

The following description of the Momentive Performance Materials Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined noncontributory benefit pension plan for the benefit of eligible employees of Momentive Performance Materials Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is administered by the Company. The Plan was established January 29, 2007.

Eligibility

The Plan covers substantially all eligible U.S. employees of Momentive Performance Materials Inc. and Momentive Performance Materials USA Inc. except for those in certain employee classes hired after the effective freeze date for that class. Newly hired employees in an eligible group become participants on the January 1 following their hire date.

Effective August 31, 2012, no new exempt employees may enter the Plan after September 1, 2012.

Effective December 31, 2013, employees covered by the IUE-CWA, The Industrial Division of the Communications Workers of America, AFL-CIO, CLC, (the "IUE Union") agreement who were hired on or after January 1, 2013 are not eligible to participate in the Plan.

Effective December 31, 2014, employees covered by the Local 698-C of the International Chemical Workers Union Council of the United Food and Commercial Workers (the "Sisterville Union") agreement who were hired on or after January 1, 2014 and non-exempt employees not covered by a collective bargaining agreement ("NUNE", or "non-union non exempt") will not be eligible to participate in the Plan. As such, the Plan is fully frozen to participation as of December 31, 2014.

Contributions

The Company contributes amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the minimum funding requirements of ERISA.

Vesting

Participants become 100% vested in their benefits upon the earlier of either being credited with 5 years of service or attaining age 60 while an employee of the Company.

CARON BLETZER

Retirement Dates

An employee's normal retirement age is 65. The Plan permits early retirement at age 60 under limited conditions as summarized below.

Special Early Retirement Option (SERO): Legacy participants terminating on or before July 1, 2013, whose termination is due to an eligible permanent job loss event, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Services (PQS) on the date of the permanent job loss event.

Plan Closing Pension Option (PCPO): Legacy participants terminating on or before July 1, 2013, whose termination is connected with an eligible plant closing, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) at the end of the calendar year of the plan closing.

SERO and PCPO benefits are extended indefinitely for Grandfathered IUE associates, Grandfathered Sisterville Union associates and Grandfathered NUNE associates. For Non-Grandfathered Sisterville Union associates, the benefits were extended through July 31, 2014.

Pension Benefits

For service and pay earned January 29, 2007 through December 31, 2007, the benefit under the Plan is an enhanced formula designed to provide a benefit equal to or greater than the benefit provided under the predecessor General Electric Pension Plan.

For service and pay earned on or after January 1, 2008, the Plan generally provides an annual benefit payable at age 65 equal to the greater of a final average pay formula multiplied by years of service earned after December 31, 2007 or a flat dollar amount multiplied by years of service. Pension Benefits also provide for regular and special supplemental payments to eligible participants. Pension eligibility for these supplemental payments is dependent upon their associate classification and benefit commencement date as defined by the Plan and amended from time to time.

Pension qualification shall be credited to a participant who continues as an employee while receiving worker compensation pay until the earlier of the date benefits commence, or 18 months following the commencement of worker compensation pay.

Beginning September 1, 2012, compensation or service earned by exempt associates will not be taken into account for purposes of determining pension benefits.

CARON BLETZER

Beginning January 1, 2014, IUE Union associates who are hired before January 1, 2013 and are at least 50 years of age and have 10 years of Pension Qualified Service (PQS) may make one-time irrevocable election (Choice Election) to continue earning benefit accruals under the Plan and remain eligible for supplements under the Plan (Grandfathered IUE Associates), or they may elect to participate in enhanced defined contributions plan benefits under the Momentive Performance Materials Savings Plan (MPM Savings Plan). Beginning January 1, 2014, IUE Union associates hired before January 1, 2013 who are under 50 years of age with less than 10 years of service and all other IUE Union associates who did not make the Choice Election (Non-Grandfathered IUE Associates), any compensation and service earned will not be taken into account for purposes of determining pension benefits.

Beginning January 1, 2015, compensation or service earned by Sistersville Union associates who are under 50 years of age as of December 31, 2014, or who have less than ten years of PQS as of December 31, 2014, ("Non-Grandfathered Sistersville associates"), will not be taken into account for purposes of determining pension benefits.

Effective January 1, 2015, the Company amended the Plan to freeze accruals under the Plan as of December 31, 2015 for NUNE employees, except for eligible NUNE employees who make a Choice Election to either continue accruing benefits under the Plan and remain eligible for supplements under the Plan or to participate in the enhanced defined contribution plan benefits under the MPM Savings Plan in lieu of earning any additional benefit accruals and being eligible for supplements under the Plan after December 31, 2015. Each NUNE Employee who is at least 50 years of age and has at least 10 years of PQS ("Grandfathered NUNE employee") as of December 31, 2015 may make a Choice Election.

Effective December 31, 2015, a Grandfathered NUNE Employee who terminates employment with the Company on or after January 1, 2016, and is rehired by the Company is eligible to recommence active participation in the Plan solely for purposes of earning PQS. Compensation will not be taken into account for purposes of determining final average pay. A Grandfathered NUNE Employee that is placed on temporary lay-off and is reemployed immediately following the temporary lay-off will recommence active participation in the Plan for all purposes.

Grandfathered NUNE Employees will be eligible for the Special Early Retirement Option and Plant Closing Pension Option commencing January 1, 2016 and after; there will be no expiration, except that early retirement supplements are only available until the Supplement Expiration Date, as defined in the Plan document.

CARON BLETZER

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Cash

Cash includes cash held until redemption requirements are met for the SEI Structured Credit Collective Fund.

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 on the measurement date. See Note C for discussion of fair value measurements.

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

Administrative Expenses

All administrative expenses are paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are in net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

CARON BLETZER

C. 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 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Common collective trusts – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Commingled funds – Valued at the net asset value per share or unit as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

CARON BLETZER

The Plan holds no investments that are required to be leveled within the fair value hierarchy as of December 31, 2025 and 2024.

	2025	2024
Investments measured at net asset value(1):		
Common collective trusts	$ 126,028,241	$ 117,695,185
Commingled funds	15,676,998	14,111,413
Investments at fair value	$ 141,705,239	$ 131,806,598

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The common collective trusts have no unfunded commitments. All common collective trusts are subject to a 3 day redemption notification period other than the Bank of New York Mellon EB Temp Investment Fund which requires a 5 day redemption notification period, the State Street collective trusts which require a 15 day redemption notification period, and the SEI investments which have no notification period. The SEI common collective trusts are valued on a quarterly basis with the SEI Energy Debt CIT having a semi-annual redemption frequency.

The investments in the commingled funds seek to trade and invest in securities to achieve capital preservation and steady growth of assets to provide strong returns. Redemptions of investments in the commingled funds are allowed monthly for up to 10% of value of shares with at least 45 days written notice and quarterly with at least 75 days written notice for more than 10% of shares. There are no unfunded commitments.

D. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodian are considered party in interest transactions.

E. TAX STATUS:

The plan obtained its latest determination letter on December 9, 2013, in which the Internal Revenue Service (“IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

CARON BLETZER

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. CERTIFIED INVESTMENTS:

The following information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the custodian of the Plan.

Statement of Net Assets Available for Benefits at December 31:

	2025	2024
Cash	$ -	$ 484,011
Common collective trusts	118,097,154	109,428,710

Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2025:

Net appreciation (depreciation) in fair value of investments	$ 12,753,351
Dividends and interest income	152,884

G. FUNDING POLICY:

The Employer's funding policy is to make the minimum required funding contribution, if any, and to periodically make additional contributions based on certain economic factors. The total return (interest, dividends, and net realized and unrealized gains and losses) on investments of the Plan serves to reduce or increase future contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

H. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered to date. 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 payable under all circumstances are included to the extent that they are considered attributable to employee service rendered to the valuation date. Vested benefits are benefits to which members are entitled regardless of future service with the Company. Nonvested benefits are dependent upon future services.

The actuarial present value of accumulated plan benefits is determined by an actuary and it is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the

CARON BLETZER

probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant assumptions underlying the December 31, 2025 and 2024 actuarial computations are as follows:

Mortality basis	For 2025 and 2024, Pri-2012 mortality table for annuitants and non-annuitants with the MP-2021 mortality improvement scale.

Annual retirement rate

Age nearest birthday	Hourly associates	Salary associates
60	25%	15%
61	25%	15%
62	25%	15%
63	20%	15%
64	20%	15%
65-69	30%	30%
70	100%	100%

Discount rate	7.50% at December 31, 2025 and 2024

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 computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2026 and 2025. Had the valuation been performed as of December 31, there would be no material difference.

I. PLAN TERMINATION:

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

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

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed below).

CARON BLETZER

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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.

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through October 14, 2026, the date these financial statements were available for issuance.

K. RISKS AND UNCERTAINTIES:

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 which could impact the value of 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 the amounts reported in the statement of net assets available for benefits.

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

CARON BLETZER

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	3	3	0	1	0	0	0	0	0	0	7
35-39	3	35	2	2	0	0	0	0	0	0	42
40-44	6	30	10	0	0	0	0	0	0	0	46
45-49	4	56	36	1	0	0	0	0	0	0	97
50-54	3	63	53	3	0	0	0	0	0	0	122
55-59	5	57	94	0	3	0	0	0	0	0	159
60-64	2	44	20	0	35	0	0	0	0	0	101
65-69	4	15	6	0	9	0	0	0	0	0	34
70 & over	0	0	0	0	4	0	0	0	0	0	4
Total	30	303	221	7	51	0	0	0	0	0	612

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September 2024
- Interest rate basis: Three-segment rates reflecting interest rate corridor under MAP-21, HATFA and ARPA

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.37%	5.33%

Annual rates of increase

- Compensation: 2.25%
- Future Social Security wage bases: 2.75%

Demographic Assumptions

Inclusion date: The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Death benefits

All surviving spouses are assumed to elect an immediate lump sum.

Lump sum conversion basis

Funding valuation interest rate and the mortality table specified by PPA for lump sum payments in the fiscal year.

Retirement

The assumed rates (varying by salary class) at which participants retire by age are shown below:

Age Nearest Birthday	Hourly Associates	Salaried Associates
59	.000	.000
60	.250	.150
61	.250	.150
62	.250	.150
63	.200	.150
64	.200	.150
65-69	.300	.300
70	1.000	1.000

Deferring commencement

The assumed rates (varying by salary class) at which participants who are eligible to retire but choose not to commence benefits are shown below:

	Hourly Associates	Salaried Associates
% Deferral	20%	50%

SCHEDULE SB ATTACHMENTS

Disability rates (per 100 employees)

The rates at which participants are assumed to become disabled are based on Unisex 1985 Pension Disability Tables:

- Salaried: 100% of Unisex Class 1 Table
- Hourly: 100% of Unisex Class 3 Table

Employees retiring on Long Term Disability are assumed to commence benefits at age 65.

Disabled participants are assumed to retire at age 65.

Representative termination rates

The rates at which participants are assumed to leave are shown below:

Age Nearest Birthday	Hourly Associates (All Service)	Salaried Associates (<15 Years of Service)	Salaried Associates (15+ Years of Service)
25	.040	.075	.075
30	.040	.075	.075
35	.040	.075	.075
40	.030	.075	.060
45	.010	.075	.040
50	.020	.075	.030
55	.020	.075	.030

Terminated vested participants are assumed to retire at age 65.

Spouse assumption

Where a spouse's date of birth has not been provided, female spouses are assumed to be three years younger than males. In addition, the following assumptions are made for active and terminated vested participants:

	Male	Female
% Married	80%	60%
% Electing 50% J&S Option	45%	45%
%Electing 100% J&S Option	40%	40%
% Electing Five-year C&L Option	15%	15%

Employees

It was assumed there will be no new or rehired employees.

Administrative expenses

The amount included in the 2025 target normal cost for plan-related expenses is $2,558,000, which is equal to prior year administrative expenses paid from the trust, adjusted for current year PBGC premiums.

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date, plus the discounted present value of contributions made for the prior plan year after the valuation date and before the deadline for prior plan year contributions, discounted using the effective interest rate for the prior plan year.

Sources of Data and Other Information

The plan sponsor through its third-party administrator, October Three, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by MPM or BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with MPM, the following assumptions were made for missing or apparently inconsistent data elements:

- In the event beneficiary sex is missing, it is assumed to be opposite of the original participant.
- Deferred participants who are over age 65 were assumed to still be due a benefit, but not in payment.
- Participants who had a change in their Supplemental benefits were assumed to be unchanged from prior valuation.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/29/2007

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)

MOMENTIVE PERFORMANCE MATERIALS INC

2750 BALLTOWN ROAD

SCHENECTADY NY 12309

2b Employer Identification Number (EIN) 20-5748297

2c Plan Sponsor's telephone number 844-540-0444

2d Business code (see instructions) 325900

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	Billie Jo Cuthbert	10-15-2026	Billie Jo Cuthbert
	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**	1,947
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)**	612
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	562
b	Retired or separated participants receiving benefits	**6b**	986
c	Other retired or separated participants entitled to future benefits	**6c**	303
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,851
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	90
f	Total. Add lines **6d** and **6e**.	**6f**	1,941
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
EIN: 20-5748297
Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of asset (Including Interest Rate and Maturity)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(l) Net gain (loss)
Single Transactions:						
WTW Liquid Diversifiers Fund LTD Series Z Shares Initial SE	Commingled fund	$ 8,860,515	$ -	$ -	$ 8,860,515	$ -
WTW Diversified Credit Fund LP	Common collective trust	21,699,664	-	-	21,699,664	-
WTW Real Asset Fund LP	"	20,056,403	-	-	20,056,403	-
WTW Diversified Equity Fund Z	"	35,813,172	-	-	35,813,172	-
WTW GT Diversified Equity Fund	"	-	35,813,172	25,783,076	35,813,172	10,030,096
WTW GT Real Asset Fund	"	-	20,056,403	18,950,000	20,056,403	1,106,403
WTW GT Diversified Credit Fund	"	-	21,699,664	19,550,000	21,699,664	2,149,664
WTW Liquid Diversifiers Fund LTD Series Z Shares Initial SE	Commingled fund	-	8,860,515	8,050,000	8,860,515	810,515
Series of Transactions:						
Bank of New York Mellon EB Temp Investment Fund	Common collective trust	$ 10,764,959	$ 13,072,372	$ 13,072,372	$ 23,837,331	$ -
WTW Diversified Credit Fund LP	"	21,699,664	-	-	21,699,664	-
WTW Diversified Equity Fund Z	"	35,813,172	-	-	35,813,172	-
WTW GT Diversified Credit Fund	"	800,000	21,699,664	19,550,000	22,499,664	2,149,664
WTW GT Diversified Equity Fund	"	-	39,313,172	28,449,516	39,313,172	10,863,656
WTW Liquid Diversifiers Fund LTD Series Z Shares Initial SE	Commingled fund	8,860,515	8,860,515	8,050,000	17,721,030	810,515

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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
MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOMENTIVE PERFORMANCE MATERIALS INC

D Employer Identification Number (EIN)
20-5748297

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	134,638,531
b Actuarial value	**2b**	134,638,531

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	1,035	106,003,171	106,003,171
b For terminated vested participants	323	17,595,730	17,595,730
c For active participants	612	39,012,095	39,012,095
d Total	1,970	162,610,996	162,610,996

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	616,926
b Expected plan-related expenses	**6b**	2,558,000
c Target normal cost	**6c**	3,174,926

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

DAVID M. HAUER (DMH) — Signature of actuary

OCTOBER 14, 2026 — Date

David M. Hauer — Type or print name of actuary

2606576 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

216-937-4000 — Telephone number (including area code)

PO Box 674401
Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.58 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,913,222
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		98,722
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,011,944
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	82.79 %
15	Adjusted funding target attainment percentage	15	82.79 %
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	80.71 %
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
04/14/2025	1,604,816	0			
07/14/2025	1,150,000	0			
10/14/2025	1,373,177	0			
01/13/2026	1,377,148	0			
09/11/2026	1,124,113	0			
			Totals ► 18(b)	6,629,254	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	6,350,488

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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	3,174,926
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	27,972,465	2,945,731
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	6,120,657

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

36 Additional cash requirement (line 34 minus line 35)	36	6,120,657
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,350,488
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	229,831
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	314,017	1,550,225	9,118,890	10,983,132
2026	753,595	317,785	8,904,981	9,976,361
2027	1,098,807	395,843	8,735,964	10,230,614
2028	1,405,707	498,976	8,601,065	10,505,748
2029	1,702,617	616,038	8,474,599	10,793,254
2030	1,966,391	707,457	8,341,584	11,015,432
2031	2,206,711	792,273	8,202,393	11,201,377
2032	2,414,456	869,270	8,049,656	11,333,382
2033	2,591,466	961,889	7,882,299	11,435,654
2034	2,760,831	1,054,574	7,699,306	11,514,711
2035	2,906,134	1,136,946	7,499,764	11,542,844
2036	3,029,433	1,213,250	7,282,924	11,525,607
2037	3,133,493	1,279,229	7,048,246	11,460,968
2038	3,218,691	1,342,406	6,795,449	11,356,546
2039	3,299,441	1,378,136	6,524,574	11,202,151
2040	3,354,143	1,405,878	6,236,029	10,996,050
2041	3,372,233	1,440,081	5,930,624	10,742,938
2042	3,382,215	1,465,591	5,609,633	10,457,439
2043	3,382,479	1,481,753	5,274,803	10,139,035
2044	3,365,728	1,487,923	4,928,353	9,782,004
2045	3,330,515	1,471,759	4,572,963	9,375,237
2046	3,274,665	1,468,752	4,211,744	8,955,161
2047	3,206,611	1,459,205	3,848,217	8,514,033
2048	3,134,254	1,429,096	3,486,228	8,049,578
2049	3,051,879	1,399,845	3,129,853	7,581,577
2050	2,956,675	1,364,983	2,783,251	7,104,909
2051	2,850,016	1,317,266	2,450,446	6,617,728
2052	2,732,686	1,264,884	2,135,150	6,132,720
2053	2,609,477	1,210,395	1,840,598	5,660,470
2054	2,479,435	1,153,176	1,569,384	5,201,995
2055	2,342,638	1,093,637	1,323,340	4,759,615
2056	2,200,999	1,032,540	1,103,477	4,337,016
2057	2,056,727	969,968	909,964	3,936,659
2058	1,911,645	906,297	742,212	3,560,154
2059	1,766,994	842,036	598,966	3,207,996
2060	1,624,313	777,736	478,434	2,880,483
2061	1,485,141	713,963	378,474	2,577,578
2062	1,350,660	651,309	296,721	2,298,690
2063	1,221,823	590,363	230,740	2,042,926
2064	1,099,431	531,662	178,154	1,809,247
2065	984,096	475,685	136,729	1,596,510
2066	876,210	422,818	104,442	1,403,470
2067	776,000	373,368	79,521	1,228,889
2068	683,566	327,549	60,441	1,071,556
2069	598,891	285,465	45,931	930,287
2070	521,843	247,124	34,953	803,920
2071	452,218	212,448	26,673	691,339
2072	389,726	181,308	20,440	591,474
2073	334,006	153,540	15,749	503,295
2074	284,664	128,956	12,213	425,833

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Momentive Performance Materials Inc.

Plan

Momentive Performance Materials Inc. Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 29, 2007 and was most recently restated effective January 1, 2018. The last amendment reflected herein is Amendment 4, signed October 29, 2024.

Coverage and Participation

All transition employees from GE as of January 29, 2007 begin participation in the plan on January 29, 2007. Transition employees are individuals who participated in the GE Pension Plan as a GE employee on January 28, 2007 and became an employee of MPM on January 29, 2007.

If an associate is not a transition employee from GE, participation begins on the January 1 following date of hire by MPM.

Participation for Salaried Exempt associates was frozen effective January 1, 2012. Participation for IUE Non-Grandfathered associates was frozen effective January 1, 2013. Participation for all other associates was frozen effective January 1, 2014.

SCHEDULE SB ATTACHMENTS

Retirement Eligibility Dates

Normal	First day of month following age 65.
Early	First day of month following age 60. The plan allows retirement prior to age 60 under limited conditions, as outlined below. Eligibility for these special features is subject to numerous special conditions; some of the key conditions are summarized below. Special Early Retirement Option (SERO): Legacy Participants terminating on or before July 1, 2013, whose termination is due to an eligible permanent job loss event, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) on the date of the permanent job loss event. Plant Closing Pension Option (PCPO): Legacy Participants terminating on or before July 1, 2013, whose termination is connected with an eligible plant closing, may be eligible for early retirement if they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) at the end of the calendar year of the plant closing. SERO and PCPO benefits are extended indefinitely for Grandfathered IUE associates, Grandfathered Sistersville Union associates and Grandfathered NUNE associates. For Non-Grandfathered Sistersville Union associates the benefits were extended through July 31, 2014.
Deferred	Any time after normal retirement date; payments begin no later than the March 1 following the year the participant attains age 72.
Disability	Fifteen or more years of PQS and permanently disabled while an active associate participating in the MPM Pension Plan. For New Plan Participants, no disability pension is available for retirements that occur on or after age 60. Permanently disabled means permanently impaired and unable to perform present job or any other available MPM job for which the associate is reasonably suited by education, training or experience, as determined by the benefits administrator. For eligible recipients, payments generally begin six months after permanent disablement and are discontinued if associate regains work capacity.

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal (NRB)

Annual Benefit equal to (A) plus (B):

(A) Benefit as of December 31, 2007 equal to (i) minus (ii), such that:

(i) Greater of (a) and (b), such that:

(a) Future Service Annuity equal to (1) plus (2):

(1) GE January 28, 2007 Future Service Annuity - Frozen Future Service Annuity under the GE Pension Plan as of January 28, 2007. For associates who are not transition employees from GE, this amount is zero.

(2) Momentive 2007 Future Service Annuity - Annual benefit equal to 1.45% of associate's compensation (including compensation earned in the GE Pension Plan during 2007) earned in 2007 up to $35,000, plus 1.90% of remaining compensation, less the 2007 Future Service Annuity accrual in the GE Pension Plan.

(b) Pre-2008 Guaranteed Pension - Eligible associates shall receive an additional pension, if any, which would be necessary to provide the minimum guaranteed pension described below.

If three-Year Average Annual Compensation as of December 31, 2007 is $37,500 or less, minimum guaranteed pension payable per year of PBS earned prior to January 1, 2008 is $33.00 per month.

For each full $500 by which three-Year Average Annual Compensation as of December 31, 2007 exceeds $37,001, the minimum guaranteed pension payable per year of PBS earned prior to January 1, 2008 is increased by $0.50 per month, up to a total benefit unit of $60.00.

(ii) GE January 28, 2007 Accrued Benefit - Accrued benefit as of January 28, 2007, under the GE Pension Plan (disregarding early retirement supplements and the Personal and Voluntary Pension Accounts). For associates who are not transition employees from GE, this amount is zero.

SCHEDULE SB ATTACHMENTS

Normal (NRB) (continued)

(B) Benefit earned on and after January 1, 2008 equal to the greatest of (i), (ii) or (iii), such that:

(i) Final Average Pay Formula – Annual benefit equal to 1.1% of Average Annual Compensation up to Plan Covered Compensation plus 1.6% of remaining compensation, multiplied by PBS earned after December 31, 2007. Plan Covered Compensation is defined to be $47,500 for 2008 through 2010, $55,000 for 2011 through 2014 and $65,000 for 2015. For IUE Grandfathered associates, Plan Covered Compensation is defined to be $65,000 for 2014 through 2016, increasing by $5,000 every successive contract period. For Grandfathered Sistersville Union associates, Plan Covered Compensation is defined to be $65,000 for 2015 through 2016, increasing by $5,000 every successive contract period. For Grandfathered NUNE associates, Plan Covered Compensation is defined to be $65,000 for 2015, increasing by $5,000 on January 1, 2018 and then again every three years.

(ii) Special Alternate Pension, if eligible - For associates who are at least age 55 with at least 25 years of PQS as of January 1, 2007, (a) plus (b) below:

a. For calendar years 2008 through 2011, annual benefit equal to 1.45% of associate's compensation earned in each calendar year up to $55,000, plus 1.90% of remaining compensation.

b. Annual benefit equal to 1.1% of five-Year Average Annual Compensation up to Plan Covered Compensation plus 1.6% of remaining five-Year Average Annual Compensation, multiplied by PBS earned after December 31, 2011. Average Annual Compensation and Plan Covered Compensation are defined as in NRB (B)(i).

(iii) Post-2007 Guaranteed Pension – For participants who terminate employment prior to 1/1/2011, annual benefit equal to $45 per month for each year of PBS earned after December 31, 2007. For participants who terminate employment on or after January 1, 2011, annual benefit is equal to $60 per month for each year of PBS earned after December 31, 2007.

Benefit accruals for Salaried Exempt associates were frozen as of August 31, 2012. Benefit accruals for IUE Non-Grandfathered associates were frozen as of December 31, 2013. Benefit accruals for Non-Grandfathered Sistersville Union associates were frozen as of December 31, 2014. Benefit accruals for Non-Grandfathered NUNE associates were frozen as of December 31, 2015.

SCHEDULE SB ATTACHMENTS

Early (ERB)

- Legacy participants

If hourly or non-exempt salaried and hired prior to 1/1/2011, unreduced pension payable as early as age 60, or upon SERO or PCPO if applicable.

If exempt salaried and hired prior to January 1, 2011, unreduced pension payable as early as age 60 for benefits earned under NRB (A) and reduced pension payable as early as age 60 for benefits earned under NRB (B), with a reduction equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS.

If hired on or after January 1, 2011, benefits are reduced 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS.

For transition employees from GE who retire prior to age 60, the pension payable prior to application of any early retirement reduction noted above is equal to an increasing pension as determined in NRB above, for which NRB (A)(ii) is set to zero, payable until age 60 and as determined in NRB above, with no adjustment to NRB (A)(ii), payable beginning at age 60. The associate may also elect to receive a level pension determined as actuarially equivalent to the aforementioned increasing pension. For this purpose, actuarial equivalence is based on 6.00% interest and the mortality table pursuant to Revenue Ruling 2001-62.

SCHEDULE SB ATTACHMENTS

• Legacy participants (continued)	For associates with at least 5 years of PQS, a supplement of $18.00 per month per year of PBS earned after January 28, 2007 is payable up to the age at which the participant is eligible for 80% of his Social Security benefits. This extension of supplements beyond age 62 applies for eligible retirements indefinitely for IUE Grandfathered, Sistersville Union Grandfathered and NUNE Grandfathered associates, on or before January 1, 2015 for Sistersville Union Non-Grandfathered associates and on or before January 1, 2016 for all other associates still accruing benefits as of January 1, 2014. For eligible retirements at later dates, this supplement is payable until age 62. This supplement is also payable to those who retire under SERO or PCPO; those who retire under the long-service security provisions may not receive this supplement before age 60. Salaried Exempt associates who retire after December 31, 2012, IUE Non-Grandfathered associates who retire after December 31, 2013, Sistersville Union Non-Grandfathered associates who retired after December 31, 2014 and NUNE Non-Grandfathered associates who retired after December 31, 2015 are no longer eligible for this supplement. If an associate with 25 years of service retires on or before August 1, 2014 in accordance with special eligibility rules, he receives an additional $350 monthly supplement from retirement until the age at which he is eligible for 80% of his Social Security benefits. This supplement is also payable to those who retire under SERO or PCPO. If an associate is a transition employee from GE, this amount will be reduced by any Special Supplement payable under the GE Pension Plan. Salaried Exempt associates who retire after December 31, 2012, IUE Non-Grandfathered associates who retire after December 31, 2013, Sistersville Union Non-Grandfathered associates who retire after December 31, 2014 and NUNE Non-Grandfathered associates who retired after December 31, 2015 are no longer eligible for this Special Supplement.
• New plan participants	Reduced pension payable as early as age 60, with a reduction applicable to the benefit as determined in NRB above equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS. New Plan Participants are not eligible for supplements.
Deferred	Determined as in NRB above.

SCHEDULE SB ATTACHMENTS

Disability

- Legacy participants

  Eligible disabled associates may receive a benefit determined as in NRB above, reduced for commencement prior to age 60. If hourly or non-exempt salaried and hired prior to January 1, 2011, the reduction for early commencement is 2% per year that payments begin prior to age 60 (maximum reduction of 12%). If exempt salaried, the reduction for early commencement for the benefit as determined in NRB (A) is 2% per year that payments begin prior to age 60 (maximum reduction of 12%), and the reduction for early commencement for the benefit as determined in NRB (B) is 25% plus 2% per year that payments begin prior to age 60 (maximum reduction of 37%). If hired on or after January 1, 2011, the reduction is 25% plus 2% per year that payment begin prior to age 62 (maximum reduction of 37%).

- New plan participants

  Eligible disabled associates may receive a benefit determined as in NRB above, reduced for commencement prior to age 60. The reduction for early commencement is 25% plus 2% per year that payments begin prior to age 60 (maximum reduction of 37%). New Plan Participants are not eligible for supplements.

Employee Contributions

No employee contributions are required or allowed under this plan.

Termination Benefits

Annual benefit determined as in NRB payable at retirement at or after age 60 if associate has at least five years of PQS at termination. For New Plan Participants and other Salaried Exempt associates, benefit is reduced as described in ERB (2) and ERB (1) Respectively if the benefit commences prior to age 65.

Death Benefits

Before retirement

Benefits vary with age, marital status and employment status at time of death, as described in the table below. Benefits described are for active participants only; benefits for vested terminations may be different. Early commencement factors for death benefits are based on the age the employee would have attained upon commencement of the pre-retirement death benefit.

Death benefits do not include any early retirement supplements. Lump sum values of annual pension payable for five years, if applicable, include any additional benefits added to make up a guaranteed pension benefit in NRB (3).

SCHEDULE SB ATTACHMENTS

- (1) Hourly and non-exempt salaried associates

Age at Death	Marital Status	Benefit
Less than 60	Single	Lump sum value of annual pension (reduced by 1% per year that payments begin prior to age 60 with a maximum reduction of 10% if hired before January 1, 2011, otherwise; reduced by 25% plus 1% per year that payment begin prior to age 60) as if payable for five years, and only payable if attained at least 15 years PQS prior to death.
Less than 60	Married	Choice of i. or ii. i. Monthly 50% spouse benefit deferred to 60. ii. Lump sum value equivalent to i.
Age 60 or later	Single	Lump sum value of annual pension as if payable for five years.
Age 60 or later	Married	Monthly immediate 50% spouse benefit.

- (2) Salaried exempt associates

Age at Death	Service at Death	Benefit
Less than 60	Single	For New Plan Participants, lump sum value of annual pension (reduced by 25% plus 1% per year that payments begin prior to age 60, with a maximum reduction of 35%) as if payable for five years, and only payable if attained at least 15 years PQS prior to death. For Legacy Participants, lump sum value of annual pension as defined in NRB (A) (reduced by 1% per year that payments begin prior to age 60 with a maximum reduction of 10%) plus the lump sum value of annual pension defined in NRB (B) (reduced by 25% plus 1% per year that payments begin prior to age 60 with a maximum reduction of 35%), as if payable for five years, and only payable if attained at least 15 years PQS prior to death.
Less than 60	Married	Choice of i. or ii. i. Monthly 50% spouse benefit deferred to 60, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively. ii. Lump sum value equivalent to i.
Age 60 or later	Single	Lump sum value of annual pension as if payable for five years, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively.
Age 60 or later	Married	Monthly immediate 50% spouse benefit, reduced for New Plan Participants and Legacy Participants as described in ERB (2) and ERB (1), respectively.

SCHEDULE SB ATTACHMENTS

After Retirement

- Single associates — Basic form of benefit is payable for life with a five-year minimum.

- Married associates — Unless waived by the associates with spousal consent, the benefit is payable as a 50% spouse option which provides a reduced amount to the associate of 93.5% of the benefit otherwise payable but with 50% of the reduced amount continued to the surviving spouse for life after the associate's death. The 93.5% factor is reduced (increased) by 0.5% for each full year in excess of two years by which the spouse is younger (older) than the associate and increased by 0.2% for each full year the associate's age at benefit commencement is less than age 60; the factor applied will not be less than 90% or more than 100%.

  If the spouse predeceases the participant within the first five years after retirement, a fraction of the pension reduction for the spouse option is discontinued. The fraction discontinued depends upon the anniversary of effective date of survivorship option; 100% of reduction is discontinued if spouse dies within one year of effective date, reducing by 20% each year thereafter.

  The minimum total payment is five times the associate's pension under the five-year certain form of payment in i. below.

  Alternatively, with spouse consent, the associate may elect one of the following forms:

  i. Five-year certain and life annuity; or

  ii. 75% spouse option (available beginning January 1, 2008), which provides a reduced amount to the associate of 90% of the benefit otherwise payable but with 75% of the reduced amount continued to the surviving spouse for life after the associate's death. The 90% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the associate in excess of one year and reduced (increased) by 0.3% for each full year the associate's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98.5% but will not be less than the factor that pertains under the 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies; or

• Married associates (continued)	iii. For associates who are not disabled at retirement, 100% spouse option, which provides a reduced amount to the associate of 87% of the benefit otherwise payable but with 100% of the reduced amount continued to the surviving spouse for life after the associate's death. The 87% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the associate and reduced (increased) by 0.5% for each full year the associate's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98% but will not be less than the factor that would have applied to the 100% portion of the plan's former 50% / 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies.

Definitions

Compensation	Salary or wages, plus overtime, vacation pay, night shift bonus, cost-of-living adjustment, deferrals under IRC Sections 125 or 401(k) and a portion of eligible commissions and other approved compensation. Compensation is limited as prescribed by IRS rules.
Three-year average annual compensation	For purposes of determining the guaranteed pension benefit in NRB (A)(i)(b) above, average annual compensation is the average of compensation in the three full consecutive calendar years that are the highest during the last 10 completed calendar years before the associate's retirement. The calendar year of termination is not included unless termination date is December 31.
Five-year average annual compensation	For purposes of determining the final average pay benefit in NRB (B)(i) or NRB (B)(ii) above, average annual compensation is the average of compensation in the sixty full consecutive months that are the highest during the last 120 completed months before the associate's retirement. For this purpose, only compensation earned after December 31, 2007 should be considered.
PQS	Service for purposes of determining eligibility for pension benefits. For a full-time associate, one year of PQS is credited for each year in which the associate is credited with at least 1,000 hours of service while a participant in the MPM Pension Plan. For transition employees from GE, PQS earned as of January 28, 2007 under the GE Pension Plan is also included in PQS.

SCHEDULE SB ATTACHMENTS

PBS	Service for purposes of determining the amount of an associate's benefit. In simplified terms, it is equivalent to the associate's full and partial years of service while participating in the MPM Pension Plan.
New plan participant	Generally, for an associate who is not a transition associate from GE, a participant who is an exempt associate. For an associate who is a transition employee from GE, a participant hired after 2004 at GE who was an exempt associate.
Legacy participant	A participant who is not defined as a New Plan Participant.
IUE grandfathered participant	A participant who is a member of the IUE union as of December 31, 2013 and has attained age 50 and completed 10 years of PQS as of that date and made a choice election to continue accruing benefits in the Plan.
IUE non-grandfathered participant	A participant who is a member of the IUE union as of December 31, 2013 and does not meet the requirements of an IUE Grandfathered Participant as of that date.
Sistersville grandfathered participant	A participant who is a member of the Sistersville Union as of December 31, 2014 and has attained age 50 and completed 10 years of PQS as of that date.
Sistersville non-grandfathered participant	A participant who is a member of the Sistersville Union as of December 31, 2014 and does not meet the requirements of a Sistersville Grandfathered Participant as of that date.
NUNE grandfathered participant	A non-union, non-exempt participant as of December 31, 2015 and who has attained age 50 and completed 10 years of PQS as of that date and made a choice election to continue accruing benefits in the Plan.
NUNE non-grandfathered participant	A non-union, non-exempt participant as of December 31, 2015 and who does not meet the requirements of a NUNE Grandfathered Participant as of that date.

SCHEDULE SB ATTACHMENTS

Limitations

The IRC places certain limitations on the plan. In addition to the Compensation limit referenced above, there are limits on the annual benefit payable and on the amount of contributions that may be made by an employee to this and other qualified plans. These limits are determined each year by the IRS. In addition, supplements provided by the plan cannot exceed an employee's unreduced Social Security retirement benefit.

Benefits Not Valued

Benefits payable under the SERO and PCPO provisions are reflected in the valuation only to the extent those retirements have occurred as of the valuation date or there is a firm termination commitment made on or prior to the valuation date for retirement to occur under these provisions shortly after the valuation date.

Plan Summary

This description of the plan is provided for general information purposes only. It summarizes key features of the plan as it applies to active associates as of the valuation date. The complete terms of the plan are provided in the MPM Pension Plan document. Information concerning the plan, including benefits and vesting provisions, is also included in plan handbooks.

Changes Since Last Valuation

MPM sponsored a one-time Lump Sum Window, whereby eligible terminated vested participants were offered an opportunity to elect a lump sum of their benefit with a Benefit Commencement Date of December 1, 2024.

MOMENTIVE PERFORMANCE MATERIALS INC. PENSION PLAN
EIN: 20-5748297
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Bank of New York Mellon EB Temp Investment Fund	Common collective trust	$ 2,952,401	$ 2,952,401
	BlackRock TSY U.S. 20 Yr Key Rate Dur NL	"	4,124,544	3,921,651
	BlackRock TSY U.S. 10 YR Key Rate Dur NL Fd	"	4,243,298	4,586,358
	BlackRock TSY U.S. 15 Yr Key rate Dur NL Fd	"	4,711,759	4,863,654
	BlackRock TSY U.S. 25+ YR Key Rate Dur NL FD	"	8,133,604	6,824,204
	State Street Intermed U.S. Govt Bond Indx NL CM1E	"	5,774,100	6,135,540
	State Street Long U.S. GOVT Bond Indx NL CM1D	"	6,551,920	6,720,669
	WTW Diversified Credit Fund LP	"	21,699,664	23,269,894
	WTW Real Asset Fund LP	"	20,056,403	20,739,923
	WTW Diversified Equity Fund Z	"	35,813,172	38,082,860
*	SEI Energy Debt CIT	"	491,529	513,385
*	SEI GPA IV CIT Private Equity	"	2,959,929	5,606,958
*	SEI Secondary Opportunities Fund I CIT	"	1,505,269	1,810,744
*	WTW Liquid Diversifiers Fund LTD Series Z Shares Initial SE	Commingled fund	13,563,502	15,676,998
	Total investments		$ 132,581,094	$ 141,705,239

* Denotes party-in-interest to the Plan.

CARON BLETZER

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	(3,109,545)	15.00000	(3,109,545)	(289,935)
2. Shortfall	01/01/2024	(8,631,367)	14.00000	(8,041,552)	(785,284)
3. Shortfall	01/01/2023	43,906,083	13.00000	39,123,562	4,020,950
Total				27,972,465	2,945,731

Plan Name: Momentive Performance Materials Inc. Pension Plan
EIN / PN: 20-5748297/001
Plan Sponsor: Momentive Performance Materials Inc.
Valuation Date: January 1, 2025