Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

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)
SUN CHEMICAL CORPORATION

35 WATERVIEW BOULEVARD
PARSIPPANY, NJ 07054-1200

2b Employer Identification Number (EIN)
22-2761297

2c Plan Sponsor's telephone number
973-404-6000

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	MARY TAKAGI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	SHRIKANT NARASIMHAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

PENSION COMMITTEE OF SUN CHEMICAL

35 WATERVIEW BOULEVARD
PARSIPPANY, NJ 07054-1200

3b Administrator's EIN
22-2761297

3c Administrator's telephone number
973-404-6000

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1154
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)**	264
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	278
b	Retired or separated participants receiving benefits	**6b**	639
c	Other retired or separated participants entitled to future benefits	**6c**	175
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1092
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	174
f	Total. Add lines **6d** and **6e**.	**6f**	1266
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**	22
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2761297

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**	35894659
b Actuarial value	**2b**	35795162

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	762	26735978	26735978
b For terminated vested participants	219	5081045	5081045
c For active participants	253	6284506	6363431
d Total	1234	38101529	38180454

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	230757
b Expected plan-related expenses	**6b**	638000
c Target normal cost	**6c**	868757

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

10/07/2026
Date

DOUGLAS A. ROSS
Type or print name of actuary

26-07311
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0701
Telephone number (including area code)

MSC# 17741
P.O. BOX 6718
SOMERSET, NJ 08875

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	372098
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	118086
9	Amount remaining (line 7 minus line 8)	0	254012
10	Interest on line 9 using prior year's actual return of 4.40 %	0	11177
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.06 %		0
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		0
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	265189

Part III Funding Percentages

14	Funding target attainment percentage	14	93.05 %
15	Adjusted funding target attainment percentage	15	93.05 %
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	102.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2026	1000000	0			
			Totals ► 18(b)	1000000	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	915294

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	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**	868757
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2650481	247132
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**	1115889

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	201000	201000

36 Additional cash requirement (line 34 minus line 35)	**36**	914889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	915294
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	405
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	405
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
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2761297

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

JP MORGAN

13-4994650

(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 28 50	TRUSTEE/INVESTMENT MGMNT	161820	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

AON

36-2235791

(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 50	ACTUARIAL	33416	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ALIGHT

82-1061233

(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?
54 64	RECORDKEEPING	61297	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUN CHEMICAL CORPORATION

D Employer Identification Number (EIN)
22-2761297

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: SUN CHEMICAL TRUST

b Name of sponsor of entity listed in (a): SUN CHEMICAL CORPORATION

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)
22-2761297-005	M	36741733

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2761297

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	35998684	36741733
(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	35998684	37741733
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	104025	136200
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	104025	136200
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	35894659	37605533

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)	1000000	
(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)		1000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4199690
(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		5199690
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2932027	
(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)		2932027
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)	15920	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	34596	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	207886	
(6) Bank or trust company trustee/custodial fees	2i(6)	21140	
(7) Actuarial fees	2i(7)	24089	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	253158	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		556789
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3488816
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1710874
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: WISS & COMPANY, LLP **(2)** EIN: 22-1732349

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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 591009.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2761297

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): _____ _____

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 | 0

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: 29.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 48.0 %
High-Yield Debt: 13.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 5.0 % Other: _____ %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

FINANCIAL REPORT
DECEMBER 31, 2025

Wiss & Company, LLP
100 Campus Drive, Suite 400
Florham Park, NJ 07932
(973) 994-9400 • wiss.com

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Pension Plan for Employees of Sun Chemical Corporation
(Who Are Members of Participating Unions)

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("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 Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

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



WISS & COMPANY, LLP

Florham Park, New Jersey
October 15, 2026

PENSION PLAN FOR EMPLOYEES OF
SUN CHEMICAL CORPORATION
(WHO ARE MEMBERS OF PARTICIPATING UNIONS)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
ASSETS:		
Investments, at fair value -		
Plan interest in Sun Chemical Corporation Master Trust	$ 36,741,733	$ 35,998,684
Receivable -		
Employer contributions	1,000,000	-
Total Assets	37,741,733	35,998,684
LIABILITY -		
Accrued administrative expenses	136,200	104,025
NET ASSETS AVAILABLE FOR BENEFITS	$ 37,605,533	$ 35,894,659

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF
SUN CHEMICAL CORPORATION
(WHO ARE MEMBERS OF PARTICIPATING UNIONS)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income -		
Plan interest in Sun Chemical Corporation Master Trust	$ 4,199,690	$ 1,555,926
Employer contributions	1,000,000	-
Total Additions	5,199,690	1,555,926
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,932,027	2,953,358
Administrative expenses	556,789	713,569
Total Deductions	3,488,816	3,666,927
NET INCREASE/(DECREASE)	1,710,874	(2,111,001)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	35,894,659	38,005,660
End of year	$ 37,605,533	$ 35,894,659

See accompanying notes to financial statements.

PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION
(WHO ARE MEMBERS OF PARTICIPATING UNIONS)

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

The following description of the Pension Plan for Employees of Sun Chemical Corporation (Who Are Members of Participating Unions) (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, in addition to the collective bargaining agreements.

General - The Plan is a defined benefit plan sponsored by Sun Chemical Corporation (the "Company" or "Plan Sponsor"). Participating unions are those unions who through collective bargaining have agreed to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Pension Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan.

Plan Administration - The Plan is administered by the Plan Sponsor. The Plan's investment assets are held in a trust account at JPMorgan Chase Bank, N.A. ("JP Morgan" or "Trustee") and consist of an undivided interest in an investment account of the Sun Chemical Corporation Master Trust (the "Master Trust"), a master trust established by the Company and administered by JP Morgan.

Master Trust - The Master Trust holds and invests the assets of the Plan as well as the assets of the Sun Chemical Corporation Retirement Plan for investment and administrative purposes. Although assets of both plans are commingled in the Master Trust, JP Morgan maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income or loss of the investment assets is allocated by JP Morgan to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. Contributions and benefit payments are applied on a specific basis to each plan. Administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances each plan has invested in the Master Trust.

Pension Benefits - Employees with five or more years of service are entitled to receive benefits beginning at normal retirement age (65 years of age) based on a formula which includes a specific dollar amount and years and months of credited service. The Plan permits early retirement between the ages of 55 and 64. Employees may elect to receive their benefits in the form of a life and/or joint and survivor annuity. If employees terminate before five years of credited service or attainment of age 55, they forfeit the right to receive Plan benefits. Employees receive their benefits as a life annuity payable monthly from retirement or as a lump-sum if the present value of the accrued benefit is a de minimis amount.

Death and Disability Benefits - If an active employee dies at age 55 or older, the spouse's benefit will equal 50% of the reduced amount the employee would have received under the 50% joint and survivor annuity if the employee had retired on the date of death. If an active employee dies before the age of 55, the spouse's benefit will equal 50% of the reduced amount the employee would have received under the 50% joint and survivor annuity, if the employee had left the Company on the date of death, survived to age 55 and then died the following day. A disability retirement benefit may be available if agreed to in the applicable collective bargaining agreement, of an amount equal to the normal retirement benefits accumulated as of the date of total disability.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, 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. Actual results, as determined at a later date, could differ from those estimates.

Plan contributions 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 could be material to the financial statements.

Investment Valuation and Income Recognition - The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. The Master Trust's investments are stated at fair value as determined by the Trustees based on prices of the underlying investments published by securities exchanges. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 5 for a discussion of fair value measurements.

The Master Trust accounts for the change in the difference between the fair value and the cost of investments as unrealized appreciation in the aggregate fair value of investments. Realized appreciation in the aggregate fair value of investments is the difference between the proceeds received and the average cost of investments sold. Net investment income or loss of the Master Trust includes interest and dividends and realized and unrealized appreciation from the Master Trust's investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 services that employees have rendered as of the valuation 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. The actuarial cost method used is the projected unit credit cost method.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The present value of benefits to be paid under the Plan as of the latest actuarial valuation, January 1, 2025 as calculated by the Plan's actuary, Aon Hewitt, is as follows:

Vested benefits:	
Participants and/or beneficiaries currently receiving benefits	$ 23,953,793
Other participants	9,600,594
	33,554,387
Non-vested benefits	63,560
Total actuarial present value of accumulated plan benefits	$ 33,617,947

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

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 34,893,355
(Decrease)/increase during the year attributable to:	
Other charges	(76,784)
Benefits paid	(2,953,358)
Interest due to the decrease in the discount period	2,160,210
Change of assumptions	(405,476)
Actuarial present value of accumulated plan benefits at January 1, 2025	$ 33,617,947

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

- Mortality: 2025 Static tables in section 1.430(h)(3)-1(a)(3) of the Internal Revenue Code ("IRC") (separate rates for annuitants and non-annuitants)
- Assumed retirement age: Age 63
- Discount rate: 6.61% per annum

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

Administrative Expenses - The Plan's expenses are paid by the Plan to the extent not paid by the Company as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net investment income presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits - Benefit payments are recorded upon distribution.

Subsequent Events - The Plan Administrator has reviewed and evaluated all events and transactions from December 31, 2025 through October 15, 2026, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

Note 3 - Funding Policy:

The Company contributed the amount necessary, if applicable, on an actuarial basis to provide the Plan with assets sufficient to meet the current and future obligations to Plan members.

The contributions of the Company are designed to fund the Plan's current service costs on a current basis and to fund the estimated accrued benefit cost arising from qualifying service before the establishment of the Plan. The yield on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Plan has met minimum funding requirements.

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

Note 4 - Certified Investment Information:

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Trustee, a qualified institution, has certified that the following investment information included in the accompanying financial statements is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements.

Note 5 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements, provides the framework for measuring fair value. That framework 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Cash:* Valued at the closing price at the close of business at year-end.
- *Fixed Income Funds:* Investments in regulated investment companies or bonds are valued at the net asset value per share/unit on the valuation date. The underlying assets of the trust are normally valued based on their closing sales price or, in the absence of sales, at their reported bid price.
- *Registered Investment Companies:* Investments in regulated investment companies or common stock are valued at the net asset value per share/unit on the valuation date. The underlying assets are normally valued based on their closing sales price or, in the absence of sales, at their reported bid price.
- *Real Estate Funds:* Investments are valued based on the net asset value per share, without further adjustment. Net asset value is based upon the fair value of the underlying investments less fund liabilities.
- *Alternative Investments:* Valued at per share net asset value (NAV) of the investment as of the investor's investment date. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the Plan's ownership percentage of the total capital (computed at fair value) within the partnership.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2025 and 2024:

	Master Trust Investments at Fair Value as of December 31, 2025			
	Level 1	*Level 2*	*Level 3*	*Total*
Master Trust Investments:				
Cash	$ -	$ 21,309,698	$ -	$ 21,309,698
Total assets in the Master Trust fair value hierarchy	$ -	$ 21,309,698	$ -	21,309,698
Investments measured at net asset value (a):				
Fixed income funds				170,554,691
Alternative investments				44,732,434
Registered investment companies				102,968,860
Real estate funds				20,079,267
Total assets measured at net asset value				338,335,252
				$ 359,644,950

	Master Trust Investments at Fair Value as of December 31, 2024			
	Level 1	*Level 2*	*Level 3*	*Total*
Master Trust Investments:				
Cash	$ -	$ 12,010,697	$ -	$ 12,010,697
Total assets in the Master Trust fair value hierarchy	$ -	$ 12,010,697	$ -	12,010,697
Investments measured at net asset value (a):				
Fixed income funds				162,699,365
Alternative investments				45,343,905
Registered investment companies				105,061,467
Real estate funds				19,150,827
Total assets measured at net asset value				332,255,564
				$ 344,266,261

(a) 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.

Fair Value of Investments in Entities that Use Net Asset Value:

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2025 and 2024, respectively.

	Fair Value		Unfunded	Redemption Frequency (if	Redemption
	2025	2024	Commitments	currently eligible)	Notice Period
Master Trust Investments:					
Fixed income funds	$ 170,554,691	$ 162,699,365	None	Daily	1 day
Alternative investments	44,732,434	45,343,905	None	Daily	None
Registered investment companies	102,968,860	105,061,467	None	Daily	1 day
Real estate funds	20,079,267	19,150,827	None	Quarterly*	45 days
	$ 338,335,252	$ 332,255,564			

* To the extent redemption requests exceed available cash, distributions are made on a pro-rata basis.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2, or 3.

Note 6 - Plan Interest in Master Trust:

The Plan's investments are in a Master Trust which was established for the investment of assets of the Plan and one other Company sponsored retirement plan. Each participating retirement plan has an undivided interest in the Master Trust (see Note 1). The assets of the Master Trust were held by the Trustee as of December 31, 2025 and 2024.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Plan's interest in the net assets of the Master Trust was approximately 10% at December 31, 2025 and 2024.

The net assets of the Master Trust and the Plan's interest in its investments are summarized as follows:

	December 31, 2025		December 31, 2024	
	Master Trust Balances	Plan's Interest in the Master Trust	Master Trust Balances	Plan's Interest in the Master Trust
Investments, at fair value:				
Cash	$ 21,309,698	$ 2,177,023	$ 12,010,697	$ 1,255,915
Fixed income funds	170,554,691	17,424,059	162,699,365	17,012,887
Alternative investments	44,732,434	4,569,916	45,343,905	4,741,449
Registered investment companies	102,968,860	10,519,415	105,061,467	10,985,900
Real estate funds	20,079,267	2,051,320	19,150,827	2,002,533
Total investments at fair value	$ 359,644,950	$ 36,741,733	$ 344,266,261	$ 35,998,684

The net investment income of the Master Trust is summarized as follows:

	Year Ended December 31,	
	2025	2024
Net appreciation in fair value of investments	$ 38,792,570	$ 12,920,369
Dividend and interest income	1,722,856	1,872,146
Net investment income in Master Trust	$ 40,515,426	$ 14,792,515
Plan's interest in the net investment income of the Master Trust	$ 4,199,690	$ 1,555,926

See Note 5 for all relevant fair value disclosures related to the investment in the Master Trust including valuation methodologies used and leveling within the fair value hierarchy.

Derivative Instruments:

The Master Trust may enter into futures contracts primarily to secure a fixed price of a security at some future date or for the change in the value of a specific financial index over a predetermined period. Upon entering the futures contract, the Master Trust is required to pledge to the broker an amount of cash, U.S. Government securities or other assets equal to a certain percentage of the contract amount. This is known as the initial margin deposit. Subsequent payments, known as variation margin, are made or received each day, depending on the daily fluctuations in fair value of the position. Variation margin is recorded until the contract is closed or a gain or loss is realized. Unrealized gain or loss on the futures contracts are included in the Master Trust's statement of net assets available for benefits. Realized and unrealized gains and losses are included in the Master Trust's statement of changes in net assets available for benefits. These instruments involve market risk, credit risk or both kinds of risks in excess of the amount recognized in the statement of net assets. Risks arise from the possible inability of counterparts to meet the terms of their contracts and movement in securities values and interest rates. At December 31, 2025 and 2024, the Master Trust had unrealized losses of $107,792 and $2,602,318 on futures contracts expiring in March 2026 and March 2025, respectively. Realized gains on futures contracts were $5,194,543 and $4,369,665 for the years ended December 31, 2025 and 2024, respectively, and are included in the Master Trust investment income. The notional amount of the instruments at December 31, 2025 and 2024 is approximately $92,600,000 and $108,000,000, respectively.

Note 7 - Party-in-Interest:

Certain Master Trust and Plan investments are shares of funds managed by the Trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain employees and officers of the Company, who may be participants in the Plan, also perform administrative services for the Plan. The Trust is billed for one-half full-time equivalent salary for duties performed by Benefits Operations team members for ongoing administration and maintenance.

These exempt party-in-interest transactions are not deemed prohibited because they are covered by statutory and administrative exemptions pursuant to the IRC and the rules for prohibited transactions of ERISA.

Note 8 - Risks and Uncertainties and Concentration of Risk:

The Master Trust and the Plan invest in various investment securities which are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

The Plan may have investments in funds with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Master Trust's investment in three funds comprises approximately 56% of total investments at December 31, 2025 and 2024.

Note 9 - Federal Income Tax Status:

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated December 16, 2013, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 period in progress.

Note 10 - Plan Termination:

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Should the Plan terminate, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in the order indicated:

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

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

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

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor'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 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.

Note 11 - Reconciliation of Financial Statements to Form 5500:

The net assets available for benefits per the financial statements agree to Form 5500 at December 31, 2025 and 2024.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected rate of return used in Value of Plan Assets from 6.46 percent for 2024 to 6.61 percent for 2025.

This change was made to better reflect the anticipated plan experience. This assumption change does not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	4	5								
25-29	4	12	2							
30-34	3	14	4							
35-39	7	16	2	2						
40-44	7	9	4							
45-49	6	15	5	1	1	1				
50-54	3	7	4	2		2	7	1		
55-59	2	7	3	4	3	2	11	11		
60-64		4	4	2	4	2	9	3	5	1
65-69			2				3	6	1	3
70+							3	1	1	6

N-253

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF SUN CHEMICAL CORPORATION (WHO ARE MEMBERS OF PARTICIPATING UNIONS)

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-2761297

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**	35,894,659
b Actuarial value	**2b**	35,795,162

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	762	26,735,978	26,735,978
b For terminated vested participants	219	5,081,045	5,081,045
c For active participants	253	6,284,506	6,363,431
d Total	1,234	38,101,529	38,180,454

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	230,757
b Expected plan-related expenses	**6b**	638,000
c Target normal cost	**6c**	868,757

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

DOUGLAS A. ROSS DAR
Signature of actuary

10/07/2026
Date

DOUGLAS A. ROSS
Type or print name of actuary

2607311
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0701
Telephone number (including area code)

MSC# 17741
P.O. Box 6718
SOMERSET NJ 08875
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	372,098
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	118,086
9	Amount remaining (line 7 minus line 8)	0	254,012
10	Interest on line 9 using prior year's actual return of 4.40 %	0	11,177
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.06 %		0
	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		0
	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	265,189

Part III Funding Percentages

14	Funding target attainment percentage	14	93.05 %
15	Adjusted funding target attainment percentage	15	93.05 %
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	102.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2026	1,000,000	0			

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	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**	868,757
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,650,481	247,132
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**	1,115,889

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	201,000	201,000

36 Additional cash requirement (line 34 minus line 35)	**36**	914,889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	915,294

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

a Total (excess, if any, of line 37 over line 36)	**38a**	405
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	405
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	10.00%	0.6616	4.13
63.5	15.00%	0.5954	5.67
64.5	10.00%	0.5061	3.26
65.5	20.00%	0.4555	5.97
66.5	20.00%	0.3644	4.85
67.5	20.00%	0.2915	3.94
68.5	20.00%	0.2332	3.20
69.5	20.00%	0.1866	2.59
70	100.00%	0.1493	10.45
	Weighted Average		63.90

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

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- A change in the expected rate of return used in Value of Plan Assets from 6.46 percent for 2024 to 6.61 percent for 2025.

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Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	4	5								
25-29	4	12	2							
30-34	3	14	4							
35-39	7	16	2	2						
40-44	7	9	4							
45-49	6	15	5	1	1	1				
50-54	3	7	4	2		2	7	1		
55-59	2	7	3	4	3	2	11	11		
60-64		4	4	2	4	2	9	3	5	1
65-69			2				3	6	1	3
70+							3	1	1	6

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Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

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	132,207	166,522	2,819,322	3,118,051
2026	179,710	221,910	2,731,526	3,133,146
2027	234,457	241,490	2,641,795	3,117,742
2028	295,787	258,387	2,548,901	3,103,075
2029	339,642	285,075	2,451,321	3,076,038
2030	383,581	306,504	2,352,114	3,042,199
2031	421,473	326,750	2,250,665	2,998,888
2032	455,257	354,329	2,139,214	2,948,800
2033	488,016	377,104	2,022,001	2,887,121
2034	510,687	390,998	1,913,976	2,815,661
2035	522,669	396,280	1,805,075	2,724,024
2036	536,923	404,970	1,695,700	2,637,593
2037	544,814	404,100	1,585,083	2,533,997
2038	550,410	407,526	1,473,767	2,431,703
2039	545,755	401,965	1,362,492	2,310,212
2040	541,238	398,184	1,253,902	2,193,324
2041	530,481	396,662	1,146,939	2,074,082
2042	519,055	384,488	1,041,807	1,945,350
2043	504,821	372,592	938,775	1,816,188
2044	489,105	368,779	840,585	1,698,469
2045	469,797	359,550	747,003	1,576,350
2046	448,373	345,064	658,340	1,451,777
2047	426,410	329,387	575,115	1,330,912
2048	403,819	313,078	497,765	1,214,662
2049	380,856	296,205	426,638	1,103,699
2050	357,392	279,874	361,977	999,243
2051	336,260	263,339	303,906	903,505
2052	312,546	245,526	252,429	810,501
2053	289,870	227,470	207,407	724,747
2054	267,900	210,997	168,575	647,472
2055	245,272	193,274	135,555	574,101
2056	225,429	176,000	107,879	509,308
2057	205,572	159,205	85,019	449,796
2058	186,531	143,090	66,411	396,032
2059	167,189	127,765	51,484	346,438

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	149,158	113,323	39,683	302,164
2061	133,609	99,837	30,487	263,933
2062	119,265	87,358	23,417	230,040
2063	105,291	75,919	18,051	199,261
2064	92,704	65,535	14,022	172,261
2065	82,050	56,198	11,024	149,272
2066	72,339	47,877	8,804	129,020
2067	63,860	40,528	7,162	111,550
2068	56,482	34,091	5,939	96,512
2069	50,145	28,498	5,017	83,660
2070	44,608	23,674	4,305	72,587
2071	39,840	19,544	3,737	63,121
2072	35,728	16,034	3,269	55,031
2073	32,163	13,074	2,868	48,105
2074	29,053	10,597	2,513	42,163

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 2,650,481	January 1, 2025	15	$ 247,132

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

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

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	65% elect Single Life Annuity 15% elect 50% Joint & Survivor Annuity 15% elect 100% Joint & Survivor Annuity 5% elect 10-Year Certain and Life Annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Surviving Spouse Benefit	It is assumed that 70% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Spousal Survival	It is assumed that 90% of the contingent annuitants of retirees are alive as of the valuation date.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.67% (limited to 5.74%)
2024 Plan Year	6.46% (limited to 5.59%)
2025 Plan Year	6.61% (limited to 5.50%)
Trust Expenses Included in Target Normal Cost	Average of the prior three year's non-PBGC administrative expenses plus expected PBGC premiums for the current year, rounded to the nearest $1,000, adjusted for any significant expected changes.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	15.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Years of Service	
	0-4	5+
<30	25.00%	25.00%
31	25.00%	25.00%
32	25.00%	25.00%
33	25.00%	25.00%
34	25.00%	25.00%
35	15.00%	10.00%
36	15.00%	10.00%
37	15.00%	10.00%
38	15.00%	10.00%
39	15.00%	10.00%
40	15.00%	10.00%
41	15.00%	10.00%
42	15.00%	10.00%
43	15.00%	10.00%
44	15.00%	10.00%
45	25.00%	9.00%
46	25.00%	8.00%
47	25.00%	7.00%
48	25.00%	6.00%
49	25.00%	5.00%
50	25.00%	4.00%
51	25.00%	3.00%
52	25.00%	2.00%
53	25.00%	2.00%
54	25.00%	2.00%
55+	25.00%	2.00%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Sun Chemical Corporation
Plan	Pension Plan for Employees of Sun Chemical Corporation (who are members of participating unions).
Effective Date and Most Recent Amendment	The plan was originally effective January 1, 1987. As a result of union negotiations, the plan was most recently amended to increase unit benefit rates for several locations as shown later (see tables).
Plan Year	The 12-month period ending December 31.
Eligibility	In general, employees who have attained age 21 and completed one year of service are eligible provided that the collective bargaining agreement governing the terms of their employment provides for coverage under this plan. For certain Kohl & Madden union employees, eligibility for participation is the June 1 nearest to the completion of 1,000 hours of service.
Credited Service	One month of credited service is earned for each month the participant is credited with at least 83 hours of service.
Vesting Service	Each 12-month period in which the employee completes 1,000 hours of service, excluding service earned prior to attaining age 18.
Normal or Deferred Retirement Benefit	
Eligibility	Any participant who has attained his normal retirement date and who retires is eligible for a normal retirement benefit. A participant's normal retirement date is his sixty-fifth birthday.
Benefit Formula	The monthly benefit payable upon normal retirement is equal to one-twelfth of credited service (to the maximum specified in the relevant collective bargaining agreement) times the annual unit benefit as agreed to by the local representing the participant. The unit benefit rates and maximum periods of credited service for each local included in the plan are shown later (see tables).
Commencement Date	Payments will commence on the later of the first day of the month following a participant's retirement or the date he applies for his benefit.

Normal Form of Benefit	Benefits are normally payable in an unreduced amount as a life annuity. Optional forms of benefit payment are reduced based on factors specified in the plan.
Early Retirement Benefit	
Eligibility	A participant who retires early on or after age 55 and prior to age 65 will be eligible to receive an early retirement benefit.
Benefit	The amount of the benefit is computed as for normal retirement based on the participant's credited service as of his early retirement date. The benefit is payable in full at age 65 or reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that the benefit commencement date precedes age 65.
Commencement Date	Anytime between early retirement date and normal retirement date, at the participant's election.
Normal Form of Benefit	Same as for normal retirement.
Vested Benefits Upon Termination of Service	
Vesting	A participant who terminates his service with five or more years of vesting service after age 18 or who terminates after age 55 will be 100% vested in his deferred vested benefit.
Termination Benefit	The amount of the benefit shall be calculated as for normal retirement above.
Commencement Date	A participant's deferred vested benefit shall commence in full on his normal retirement date, or in a reduced amount after age 55 based on the early commencement provisions set forth above.
Normal Form of Benefit	Same as for normal retirement.
Death Benefits	
Before Retirement	Upon the death of a married vested participant who is eligible for early retirement as of the date of his death, his surviving spouse shall be eligible to receive a reduced benefit equal to the benefit she would have received had the participant retired on the day preceding his date of death and elected to receive benefits in the 50% joint and survivor form. Upon the death of a married vested participant who is not eligible for normal retirement as of the date of his death, the surviving spouse shall be eligible to receive a reduced benefit equal to the benefit she would have received had the participant survived to

his normal retirement date, elected to receive benefits in the 50% joint and survivor form and then died. Such benefit will be payable on the participant's earliest retirement date (reduced for early commencement as described above).

After Retirement

Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Fringe Benefits

Certain locals have adopted one or more of the following fringe benefits as indicated later in Appendix B.

(1) Disability: An eligible participant who becomes disabled is entitled to receive his accrued benefit immediately without reduction. Eligibility constraints for the benefit are noted later in Appendix B. For example, "(elig 10–40)" indicates 10 years of service and age 40 are the requirements to be eligible for the benefit.

(2) Additional death benefits:

(a) Preretirement — A lump sum equal to twice the participant's annual accrued benefit as of the participant's date of death is payable.

(b) Postretirement — In the event of death after retirement but before 24 payments have been made, the continuation of retirement benefits until 24 payments have been made.

(3) Severance: Participants who terminate after three years of participation, but prior to becoming eligible for a vested benefit, are entitled to a lump sum equal to one times their annual accrued benefit.

Substantive Commitments

No substantive commitments other than the Plan provisions included in the Appendix B have been included in this valuation.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Eligibility Requirements, Maximum Service Limitations and Future Service Benefit

Rates January 1, 2013

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
10/28/2010 UC: 2	00-245	$240 (10/29/2001) $252 (10/29/2002) $264 (10/29/2003) See special provisions for BASF employees.	1–21 years **Closed on or about 12/2011; some employees still active in 2012.**	Vesting, BASF employees receive difference between $162 and Pattern Plan for service prior to 1/1/1991. Sun Plan effective 10/27/1991 with all Sun provisions.	30 years	Charlotte	International Brotherhood of Teamsters, Local #71
12/20/2015 UC: 10	00-261 00-264 00-263	$239 (12/21/2001) $252 (12/21/2002)	1–21 years[1] 12/21/1985	Vesting, disability benefit (10-40)	35 years	Northlake 743	International Brotherhood of Teamsters, Local #743

[1] 0 years (0–30 years).

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
9/30/2016 UC: 11	00-211	$225 (10/1/2002) $238 (10/1/2003) $251 (10/1/2004) $266 (10/1/2005)	1–21 years[1] 9/30/1986	Vesting	30 years[1] For employees who remain in active service after age 65, will receive credited service up to 35 years.[1]	Santa Fe Now 572	International Printing & Graphic Communications Union, Local #404M (now called 572)
7/31/2010 UC: 3	ZC-236	**Zeneca Plan** $219 (8/1/2000)	First of month following 1 year of service of at least 1,000 hours. If under 1,000 hours on anniversary date, then January 1 of year following plan year which ee has 1,000 hours. **Closed 12/31/2011**	Vesting Disability benefit (10-40). Ert 55-10 Optional forms: 50%, 66⅔%, 100% J&S; 10 year PC. Preretirement spouse's benefit: free.	40 years	Chicago (SSI)	Graphic Communication International Union, Local 458-M (Changed from Local 8 to Local 458-M on 8/1/2006)

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Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
9/30/2009 UC:34	00-510	$231 (10/1/2001) $246 (10/1/2002) $258 (10/1/2003)	1–21 years[1] **Closed 1/31/2008**	Vesting Severance — (1x accrued, eligibility – TNV – 3 years service and participant). Disability benefit (all participants). Preretirement death benefit — (2x accrued, eligibility – 3 years service and participant.	40 years effective 10/01/1996	Rosebank	International Brotherhood of Electrical Workers, Local #3
8/14/2009 UC: 31	00-501	$235 (8/15/2001) $246 (8/15/2002)	1–21 years[2] **Closed 1/31/2008**	Vesting Severance — (1x accrued, eligibility – TNV – 3 years service and participant). Disability (all participants). Preretirement death benefit — (2x accrued, eligibility – 3 years service and participant.	40 years	Rosebank	International Brotherhood of Teamsters, Local #97

[1] 0 years (0–30 years).
[2] 0 years (0–30 years).

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
3/31/2015 UC: 30	00-505 00-568	$257 (4/1/2001) $292 (4/1/2002) $327 (4/1/2003) $362 (4/1/2004)	1–21 years effective 4/1/1993; retroactive service credit if hired prior to 4/1/1984 (based on eligibility of 1–25)	Vesting	30 years	Muskegon	United Paperworkers International Union, Local #987
5/15/2017 UC: 29	00-507	$259 (11/16/2001) $274 (11/16/2002) (Offset by Aetna benefit)	1–21 years[1] retro for all ees effective 11/16/1998	Vesting Death benefit — [Preretirement (eligible active vested 2x accrued – N/A if age 65 or greater), Postretirement (24 months)].	35 years	Cincinnati	International Brotherhood of Teamsters, Local #100

[1] 2 years — Cincinnati: Prior to 1/1/1973: January 1 following 2 and 27;
1/1/1973 to 12/31/1975: January 1 following 2 and 30;
No longer applicable. Effective 11/16/1998 — 1–21;
Retro for all employees;
Effective 1/1/1976, eligibility changed to 1–25 years. Vesting 10–22;
Effective 1/1/1985, changed to 1–21 years, but not later than January 1, 1987. Vesting 10–18;
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Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
9/30/2010 UC: 41	AJ-795 AJ-796 K&M	$130 (10/1/2001) $140 (10/1/2002) $165 (10/1/2003)	1–21 years **Site closed on 5/1/2009**	Vesting Disability benefit (10–40). Union effective 10/1/1998. Back service credit for former K&M Baltimore union employees with K&M lump sum provision grandfathered. Former Graphic Fine Color employees receive credited service no earlier than 1/1/1995, date of integration with Sun benefits. Credited service under Pension Plan given for time eligible for retirement. Plan regardless of participation in the retirement plan.	35 years	Annapolis Junction	Drivers Chauffeurs and Helpers Local, Union 639, IBT

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Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
5/19/2010 UC: 22	BU-777 K&M	$95 (5/20/2001) $105 (5/20/2002) $115 (5/20/2003)	Hired prior to 5/20/1998, DOH. Hired on or after 5/20/1998, 1–21 years. **Site closed on 1/16/2009**	Vesting Preretirement spouse's benefit free thru 5/19/1998. Sun Plan effective 5/20/1998 with all Sun provisions. K&M accrued benefit lump sum grandfathered.	40 years	Buffalo	International Association of Machinists and Aerospace Workers, Local Lodge 630
5/31/2016 UC:19	US-689	$360 (6/1/2001) $372 (6/1/2002) $384 (6/1/2003) $396 (5/1/2004)	1–21 years[1]	Vesting Disability benefit (10-40)	35 years	East Rutherford 612M	Graphic Communications International Union, Local #612M
6/30/2016 UC: 17	US-601	Millmaster Plan Formula	Hired prior to 7/1/1996 see Millmaster Plan	**Millmaster Plan** Hired prior to 7/1/1996. Vesting No age 55 vesting. Use elapsed time, not hours to determine vesting. ERT age 55 with 10 years service. Preretirement spouse's benefit free.		East Rutherford 560	International Brotherhood of Teamsters, Chauffeurs, Warehouse Men and Helpers, Local #560

[1] 0 years (0–30 years).

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
		$180 (7/1/2001)	Hired after 7/1/1996 **Sun Plan** 1–21 years	**Sun Plan** Hired after 7/1/1996. All Sun provisions for vesting & ERT. Preretirement spouse's benefit free	30 years		
10/31/2011 UC: 39	PCL-245	N/A Employees participate in Retirement Plan (Non-Union Plan).	See Retirement Plan	See Retirement Plan	See Retirement Plan	Wurtland	United Steel Workers Local # 214 — Now called **Local 8-00719-03** (Formerly — PCI Pace Workers International Union, Local 5-214) **Closed 2/2013**

Old Eligibility Requirements

(1) 0 years (0–30 years)

(2) 3 years (3–30 years)

(3) 1 year

2 years — Cincinnati: Prior to January 1, 1973: January 1 following 2 and 27;
January 1, 1973 to December 31, 1975: January 1 following 2 and 30;
No longer applicable. Effective November 16, 1998 — 1–21;
Retro for all employees;
Effective January 1, 1976, eligibility changed to 1–25 years. Vesting 10–22;
Effective January 1, 1985, changed to 1–21 years, but not later than January 1, 1987. Vesting 10–18;
Effective January 1, 1989, Vesting 5–18.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year:

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

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 2,650,481	January 1, 2025	15	$ 247,132

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	65% elect Single Life Annuity 15% elect 50% Joint & Survivor Annuity 15% elect 100% Joint & Survivor Annuity 5% elect 10-Year Certain and Life Annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

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Surviving Spouse Benefit	It is assumed that 70% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Spousal Survival	It is assumed that 90% of the contingent annuitants of retirees are alive as of the valuation date.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.67% (limited to 5.74%)
2024 Plan Year	6.46% (limited to 5.59%)
2025 Plan Year	6.61% (limited to 5.50%)
Trust Expenses Included in Target Normal Cost	Average of the prior three year's non-PBGC administrative expenses plus expected PBGC premiums for the current year, rounded to the nearest $1,000, adjusted for any significant expected changes.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
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Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	15.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Years of Service	
	0-4	5+
<30	25.00%	25.00%
31	25.00%	25.00%
32	25.00%	25.00%
33	25.00%	25.00%
34	25.00%	25.00%
35	15.00%	10.00%
36	15.00%	10.00%
37	15.00%	10.00%
38	15.00%	10.00%
39	15.00%	10.00%
40	15.00%	10.00%
41	15.00%	10.00%
42	15.00%	10.00%
43	15.00%	10.00%
44	15.00%	10.00%
45	25.00%	9.00%
46	25.00%	8.00%
47	25.00%	7.00%
48	25.00%	6.00%
49	25.00%	5.00%
50	25.00%	4.00%
51	25.00%	3.00%
52	25.00%	2.00%
53	25.00%	2.00%
54	25.00%	2.00%
55+	25.00%	2.00%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Sun Chemical Corporation
Plan	Pension Plan for Employees of Sun Chemical Corporation (who are members of participating unions).
Effective Date and Most Recent Amendment	The plan was originally effective January 1, 1987. As a result of union negotiations, the plan was most recently amended to increase unit benefit rates for several locations as shown later (see tables).
Plan Year	The 12-month period ending December 31.
Eligibility	In general, employees who have attained age 21 and completed one year of service are eligible provided that the collective bargaining agreement governing the terms of their employment provides for coverage under this plan. For certain Kohl & Madden union employees, eligibility for participation is the June 1 nearest to the completion of 1,000 hours of service.
Credited Service	One month of credited service is earned for each month the participant is credited with at least 83 hours of service.
Vesting Service	Each 12-month period in which the employee completes 1,000 hours of service, excluding service earned prior to attaining age 18.
Normal or Deferred Retirement Benefit	
Eligibility	Any participant who has attained his normal retirement date and who retires is eligible for a normal retirement benefit. A participant's normal retirement date is his sixty-fifth birthday.
Benefit Formula	The monthly benefit payable upon normal retirement is equal to one-twelfth of credited service (to the maximum specified in the relevant collective bargaining agreement) times the annual unit benefit as agreed to by the local representing the participant. The unit benefit rates and maximum periods of credited service for each local included in the plan are shown later (see tables).
Commencement Date	Payments will commence on the later of the first day of the month following a participant's retirement or the date he applies for his benefit.

Normal Form of Benefit	Benefits are normally payable in an unreduced amount as a life annuity. Optional forms of benefit payment are reduced based on factors specified in the plan.
Early Retirement Benefit	
Eligibility	A participant who retires early on or after age 55 and prior to age 65 will be eligible to receive an early retirement benefit.
Benefit	The amount of the benefit is computed as for normal retirement based on the participant's credited service as of his early retirement date. The benefit is payable in full at age 65 or reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that the benefit commencement date precedes age 65.
Commencement Date	Anytime between early retirement date and normal retirement date, at the participant's election.
Normal Form of Benefit	Same as for normal retirement.
Vested Benefits Upon Termination of Service	
Vesting	A participant who terminates his service with five or more years of vesting service after age 18 or who terminates after age 55 will be 100% vested in his deferred vested benefit.
Termination Benefit	The amount of the benefit shall be calculated as for normal retirement above.
Commencement Date	A participant's deferred vested benefit shall commence in full on his normal retirement date, or in a reduced amount after age 55 based on the early commencement provisions set forth above.
Normal Form of Benefit	Same as for normal retirement.
Death Benefits	
Before Retirement	Upon the death of a married vested participant who is eligible for early retirement as of the date of his death, his surviving spouse shall be eligible to receive a reduced benefit equal to the benefit she would have received had the participant retired on the day preceding his date of death and elected to receive benefits in the 50% joint and survivor form. Upon the death of a married vested participant who is not eligible for normal retirement as of the date of his death, the surviving spouse shall be eligible to receive a reduced benefit equal to the benefit she would have received had the participant survived to

his normal retirement date, elected to receive benefits in the 50% joint and survivor form and then died. Such benefit will be payable on the participant's earliest retirement date (reduced for early commencement as described above).

After Retirement

Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Fringe Benefits

Certain locals have adopted one or more of the following fringe benefits as indicated later in Appendix B.

(1) Disability: An eligible participant who becomes disabled is entitled to receive his accrued benefit immediately without reduction. Eligibility constraints for the benefit are noted later in Appendix B. For example, "(elig 10–40)" indicates 10 years of service and age 40 are the requirements to be eligible for the benefit.

(2) Additional death benefits:

(a) Preretirement — A lump sum equal to twice the participant's annual accrued benefit as of the participant's date of death is payable.

(b) Postretirement — In the event of death after retirement but before 24 payments have been made, the continuation of retirement benefits until 24 payments have been made.

(3) Severance: Participants who terminate after three years of participation, but prior to becoming eligible for a vested benefit, are entitled to a lump sum equal to one times their annual accrued benefit.

Substantive Commitments

No substantive commitments other than the Plan provisions included in the Appendix B have been included in this valuation.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
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Eligibility Requirements, Maximum Service Limitations and Future Service Benefit

Rates January 1, 2013

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
10/28/2010 UC: 2	00-245	$240 (10/29/2001) $252 (10/29/2002) $264 (10/29/2003) See special provisions for BASF employees.	1–21 years **Closed on or about 12/2011; some employees still active in 2012.**	Vesting, BASF employees receive difference between $162 and Pattern Plan for service prior to 1/1/1991. Sun Plan effective 10/27/1991 with all Sun provisions.	30 years	Charlotte	International Brotherhood of Teamsters, Local #71
12/20/2015 UC: 10	00-261 00-264 00-263	$239 (12/21/2001) $252 (12/21/2002)	1–21 years[1] 12/21/1985	Vesting, disability benefit (10-40)	35 years	Northlake 743	International Brotherhood of Teamsters, Local #743

[1] 0 years (0–30 years).

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7/31/2010 UC: 3	ZC-236	**Zeneca Plan** $219 (8/1/2000)	First of month following 1 year of service of at least 1,000 hours. If under 1,000 hours on anniversary date, then January 1 of year following plan year which ee has 1,000 hours. **Closed 12/31/2011**	Vesting Disability benefit (10-40). Ert 55-10 Optional forms: 50%, 66⅔%, 100% J&S; 10 year PC. Preretirement spouse's benefit: free.	40 years	Chicago (SSI)	Graphic Communication International Union, Local 458-M (Changed from Local 8 to Local 458-M on 8/1/2006)

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8/14/2009 UC: 31	00-501	$235 (8/15/2001) $246 (8/15/2002)	1–21 years[2] **Closed 1/31/2008**	Vesting Severance — (1x accrued, eligibility – TNV – 3 years service and participant). Disability (all participants). Preretirement death benefit — (2x accrued, eligibility – 3 years service and participant.	40 years	Rosebank	International Brotherhood of Teamsters, Local #97

[1] 0 years (0–30 years).
[2] 0 years (0–30 years).

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
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5/15/2017 UC: 29	00-507	$259 (11/16/2001) $274 (11/16/2002) (Offset by Aetna benefit)	1–21 years[1] retro for all ees effective 11/16/1998	Vesting Death benefit — [Preretirement (eligible active vested 2x accrued – N/A if age 65 or greater), Postretirement (24 months)].	35 years	Cincinnati	International Brotherhood of Teamsters, Local #100

[1] 2 years — Cincinnati: Prior to 1/1/1973: January 1 following 2 and 27;
1/1/1973 to 12/31/1975: January 1 following 2 and 30;
No longer applicable. Effective 11/16/1998 — 1–21;
Retro for all employees;
Effective 1/1/1976, eligibility changed to 1–25 years. Vesting 10–22;
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Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
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5/31/2016 UC:19	US-689	$360 (6/1/2001) $372 (6/1/2002) $384 (6/1/2003) $396 (5/1/2004)	1–21 years[1]	Vesting Disability benefit (10-40)	35 years	East Rutherford 612M	Graphic Communications International Union, Local #612M
6/30/2016 UC: 17	US-601	Millmaster Plan Formula	Hired prior to 7/1/1996 see Millmaster Plan	**Millmaster Plan** Hired prior to 7/1/1996. Vesting No age 55 vesting. Use elapsed time, not hours to determine vesting. ERT age 55 with 10 years service. Preretirement spouse's benefit free.		East Rutherford 560	International Brotherhood of Teamsters, Chauffeurs, Warehouse Men and Helpers, Local #560

[1] 0 years (0–30 years).

Contract End Date; Union Code	Location	Annual Future Service Benefit Rates	Eligibility	Fringe Benefits	Maximum Service	City	Local
		$180 (7/1/2001)	Hired after 7/1/1996 **Sun Plan** 1–21 years	**Sun Plan** Hired after 7/1/1996. All Sun provisions for vesting & ERT. Preretirement spouse's benefit free	30 years		
10/31/2011 UC: 39	PCL-245	N/A Employees participate in Retirement Plan (Non-Union Plan).	See Retirement Plan	See Retirement Plan	See Retirement Plan	Wurtland	United Steel Workers Local # 214 — Now called **Local 8-00719-03** (Formerly — PCI Pace Workers International Union, Local 5-214) **Closed 2/2013**

Old Eligibility Requirements

(1) 0 years (0–30 years)

(2) 3 years (3–30 years)

(3) 1 year

2 years — Cincinnati: Prior to January 1, 1973: January 1 following 2 and 27;
January 1, 1973 to December 31, 1975: January 1 following 2 and 30;
No longer applicable. Effective November 16, 1998 — 1–21;
Retro for all employees;
Effective January 1, 1976, eligibility changed to 1–25 years. Vesting 10–22;
Effective January 1, 1985, changed to 1–21 years, but not later than January 1, 1987. Vesting 10–18;
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	10.00%	0.6616	4.13
63.5	15.00%	0.5954	5.67
64.5	10.00%	0.5061	3.26
65.5	20.00%	0.4555	5.97
66.5	20.00%	0.3644	4.85
67.5	20.00%	0.2915	3.94
68.5	20.00%	0.2332	3.20
69.5	20.00%	0.1866	2.59
70	100.00%	0.1493	10.45
	Weighted Average		63.90

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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	132,207	166,522	2,819,322	3,118,051
2026	179,710	221,910	2,731,526	3,133,146
2027	234,457	241,490	2,641,795	3,117,742
2028	295,787	258,387	2,548,901	3,103,075
2029	339,642	285,075	2,451,321	3,076,038
2030	383,581	306,504	2,352,114	3,042,199
2031	421,473	326,750	2,250,665	2,998,888
2032	455,257	354,329	2,139,214	2,948,800
2033	488,016	377,104	2,022,001	2,887,121
2034	510,687	390,998	1,913,976	2,815,661
2035	522,669	396,280	1,805,075	2,724,024
2036	536,923	404,970	1,695,700	2,637,593
2037	544,814	404,100	1,585,083	2,533,997
2038	550,410	407,526	1,473,767	2,431,703
2039	545,755	401,965	1,362,492	2,310,212
2040	541,238	398,184	1,253,902	2,193,324
2041	530,481	396,662	1,146,939	2,074,082
2042	519,055	384,488	1,041,807	1,945,350
2043	504,821	372,592	938,775	1,816,188
2044	489,105	368,779	840,585	1,698,469
2045	469,797	359,550	747,003	1,576,350
2046	448,373	345,064	658,340	1,451,777
2047	426,410	329,387	575,115	1,330,912
2048	403,819	313,078	497,765	1,214,662
2049	380,856	296,205	426,638	1,103,699
2050	357,392	279,874	361,977	999,243
2051	336,260	263,339	303,906	903,505
2052	312,546	245,526	252,429	810,501
2053	289,870	227,470	207,407	724,747
2054	267,900	210,997	168,575	647,472
2055	245,272	193,274	135,555	574,101
2056	225,429	176,000	107,879	509,308
2057	205,572	159,205	85,019	449,796
2058	186,531	143,090	66,411	396,032
2059	167,189	127,765	51,484	346,438

Schedule SB Attachment (Form 5500)—2025 Plan Year
Pension Plan for Employees of Sun Chemical Corporation
EIN: 22-2761297 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	149,158	113,323	39,683	302,164
2061	133,609	99,837	30,487	263,933
2062	119,265	87,358	23,417	230,040
2063	105,291	75,919	18,051	199,261
2064	92,704	65,535	14,022	172,261
2065	82,050	56,198	11,024	149,272
2066	72,339	47,877	8,804	129,020
2067	63,860	40,528	7,162	111,550
2068	56,482	34,091	5,939	96,512
2069	50,145	28,498	5,017	83,660
2070	44,608	23,674	4,305	72,587
2071	39,840	19,544	3,737	63,121
2072	35,728	16,034	3,269	55,031
2073	32,163	13,074	2,868	48,105
2074	29,053	10,597	2,513	42,163

PENSION PLAN FOR EMPLOYEES OF
SUN CHEMICAL CORPORATION
(WHO ARE MEMBERS OF PARTICIPATING UNIONS)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
ASSETS:		
Investments, at fair value -		
Plan interest in Sun Chemical Corporation Master Trust	$ 36,741,733	$ 35,998,684
Receivable -		
Employer contributions	1,000,000	-
Total Assets	37,741,733	35,998,684
LIABILITY -		
Accrued administrative expenses	136,200	104,025
NET ASSETS AVAILABLE FOR BENEFITS	$ 37,605,533	$ 35,894,659

See accompanying notes to financial statements.