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 10/30/2025 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:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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
SOLSTICE RETIREMENT EARNINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/30/2025

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)
SOLSTICE ADVANCED MATERIALS U.S., INC.

115 TABOR RD.
MORRIS PLAINS, NJ 07950

2b Employer Identification Number (EIN) 33-3437354

2c Plan Sponsor's telephone number 973-455-6561

2d Business code (see instructions) 325200

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.	10/12/2026	JENNIFER KNAACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	JENNIFER KNAACK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	613
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)**	613
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	610
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	7
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	617
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	617
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3F 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/30/2025 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
SOLSTICE RETIREMENT EARNINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOLSTICE ADVANCED MATERIALS U.S., INC.

D Employer Identification Number (EIN)
33-3437354

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 10 Day 30 Year 2025

2 Assets:

a Market value	**2a**	149706549
b Actuarial value	**2b**	149706549

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	613	106939751	107821481
d Total	613	106939751	107821481

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**	5.46 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1420690
b Expected plan-related expenses	**6b**	100000
c Target normal cost	**6c**	1520690

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

09/30/2026
Date

AXAY A. PATEL
Type or print name of actuary

26-07879
Most recent enrollment number

AON CONSULTING, INC.
Firm name

732-668-8485
Telephone number (including area code)

MSC #17457
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.33 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		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 5.03 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	138.84 %
15	Adjusted funding target attainment percentage	15	138.84 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.76 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.90 %	2nd segment: 5.31 %	3rd segment: 5.62 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	1520690
b Excess assets, if applicable, but not greater than line 31a	**31b**	1520690

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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**	0

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

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

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

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

SCHEDULE 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 10/30/2025 and ending 12/31/2025

A Name of plan
SOLSTICE RETIREMENT EARNINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOLSTICE ADVANCED MATERIALS U.S., INC.

D Employer Identification Number (EIN)
33-3437354

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: NT COLLECT GOVT SHORT TERM INV FD

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

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)
45-6138589-068	C	120077963

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 10/30/2025 and ending 12/31/2025

A Name of plan
SOLSTICE RETIREMENT EARNINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOLSTICE ADVANCED MATERIALS U.S., INC.

D Employer Identification Number (EIN)
33-3437354

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	384285
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)	0	16397402
(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)	0	120077963
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	0	136859650
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	0	136859650

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)	135000011	
(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)		135000011
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)		1861612
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		136861623
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1973	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1973
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1973
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		136859650
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) ☐ 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) ☐ 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: **(2)** EIN:

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	
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 ☒ 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 611636.

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 10/30/2025 and ending 12/31/2025

A Name of plan
SOLSTICE RETIREMENT EARNINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOLSTICE ADVANCED MATERIALS U.S., INC.

D Employer Identification Number (EIN)
33-3437354

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of October 30, 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										
25-29										
30-34				1						
35-39			1	27	10	1				
40-44			1	15	25	4	2			
45-49			1	12	25	12	18			
50-54		1	1	10	44	25	35	17	1	
55-59			1	11	27	27	42	25	16	
60-64				13	13	18	26	19	33	7
65-69				2	9	3	8	5	4	5
70+					1	1	3		2	3

N-613

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of July 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.90%
2nd Segment Rate	5.31%
3rd Segment Rate	5.62%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization
1st Segment Rate	4.90%
2nd Segment Rate	5.36%
3rd Segment Rate	5.62%
Cash Balance Interest Crediting Rate	6.00%

Assumed Pay Increase

Service	Pay Increase	Service	Pay Increase
0	5.32%	10	3.68%
1	5.11%	11	3.48%
2	4.91%	12	3.27%
3	4.70%	13	3.07%
4	4.50%	14	2.86%
5	4.45%	15	2.45%
6	4.30%	16	2.40%
7	4.09%	17	2.35%
8	3.89%	18	2.30%
9	3.73%	19+	2.25%

For ERISA Requirements

Optional Payment Form Election Percentage	
Retirement Earnings	12.5% life annuity 6.25% joint and 100% survivor annuity 1.25% joint and 50% survivor annuity 80% immediate lump sum
Others	11% life annuity. 4% joint and 50% survivor annuity. 5% joint and 100% survivor annuity. 80% lump sum.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates
Optional Payment Form Conversion Mortality	Current 417(e) table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
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	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.

For ERISA Requirements

Valuation Compensation	2024 pensionable earnings (without bonus component) is rolled forward one year with the pay increase assumption. Target bonus percentages are then applied.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000.
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). Since this is the first year of the plan, the value of plan assets are equal to the market value of assets per this method.
Unreported Deceased Survivor Assumption	10%
Expected Return on Assets	
2025 Plan Year	7.25% The applicable third segment rate limitation is 5.50%.
Trust Expenses Included in Target Normal Cost	$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 30, 2025

For ERISA Requirements

Table 1—Retirement Rates

Retirement assumptions are shown below according to formula and valuation. All early retirements are assumed to be voluntary. No involuntary retirements or plant shutdowns are assumed, except where noted.

Age	Allied Hourly	Allied Salaried	Johnson Matthey	Pension Equity	Retirement Earnings	Signal	UOP
49	8.0%	10.0%	N/A	N/A	5.9%	N/A	5.0%
50	8.0%	10.0%	N/A	N/A	6.0%	N/A	5.0%
51	8.0%	10.0%	N/A	N/A	6.0%	N/A	2.5%
52	8.0%	10.0%	N/A	N/A	6.1%	N/A	2.5%
53	8.0%	10.0%	N/A	N/A	6.2%	N/A	2.5%
54	8.0%	10.0%	N/A	N/A	6.4%	N/A	2.5%
55	8.0%	10.0%	10.0%	7.5%	6.5%	10.0%	5.0%
56	9.5%	10.0%	10.0%	7.5%	6.6%	10.0%	2.5%
57	11.5%	10.0%	10.0%	7.5%	6.8%	10.0%	2.5%
58	12.5%	15.0%	10.0%	7.5%	7.6%	10.0%	2.5%
59	15.0%	15.0%	10.0%	7.5%	8.6%	20.0%	2.5%
60	18.0%	15.0%	10.0%	10.0%	15.0%	20.0%	10.0%
61	25.0%	20.0%	15.0%	20.0%	20.0%	20.0%	5.0%
62	40.0%	25.0%	15.0%	30.0%	25.0%	25.0%	5.0%
63	25.0%	25.0%	15.0%	30.0%	25.0%	25.0%	5.0%
64	35.0%	25.0%	15.0%	30.0%	25.0%	25.0%	5.0%
65	50.0%	25.0%	50.0%	30.0%	25.0%	35.0%	10.0%
66	45.0%	35.0%	25.0%	30.0%	25.0%	35.0%	20.0%
67	40.0%	35.0%	25.0%	30.0%	25.0%	30.0%	20.0%
68	40.0%	35.0%	25.0%	30.0%	25.0%	30.0%	20.0%
69	40.0%	35.0%	25.0%	30.0%	25.0%	30.0%	20.0%
70+	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

For ERISA Requirements

Table 2—Termination Rates

Age	Retirement Earnings	Others	Age	Retirement Earnings	Others
25	16.00%	27.00%	45	9.00%	10.50%
26	16.00%	26.00%	46	9.00%	10.50%
27	16.00%	25.00%	47	8.00%	10.50%
28	15.00%	24.00%	48	8.00%	10.50%
29	15.00%	23.00%	49	8.00%	10.50%
30	15.00%	22.00%	50	7.50%	10.75%
31	14.00%	20.60%	51	7.50%	11.00%
32	14.00%	19.20%	52	7.50%	11.25%
33	13.00%	17.80%	53	8.00%	11.50%
34	13.00%	16.40%	54	8.00%	11.75%
35	12.00%	15.50%	55	9.00%	12.00%
36	11.00%	15.00%	56	10.00%	13.50%
37	11.00%	14.50%	57	11.00%	14.50%
38	10.00%	14.00%	58	12.00%	15.50%
39	10.00%	13.50%	59	13.00%	18.00%
40	9.00%	13.00%	60	14.00%	20.00%
41	9.00%	12.50%	61	14.00%	22.00%
42	9.00%	12.00%	62	14.00%	24.00%
43	9.00%	11.50%	63	14.00%	26.00%
44	9.00%	11.00%	64	14.00%	28.00%
			65	14.00%	30.00%

For ERISA Requirements

Table 3—Disability Rates

Disability assumptions are shown below. All participants assumed to become disabled are assumed to become eligible for Social Security disability benefits and, if applicable, for long-term disability benefits.

Age	Non-Union Male	Non-Union Female	Union Male	Union Female
25	0.0003	0.0003	0.0004	0.0004
26	0.0003	0.0003	0.0004	0.0005
27	0.0003	0.0003	0.0004	0.0005
28	0.0003	0.0004	0.0004	0.0005
29	0.0003	0.0004	0.0004	0.0005
30	0.0003	0.0004	0.0004	0.0006
31	0.0003	0.0005	0.0004	0.0006
32	0.0003	0.0005	0.0004	0.0007
33	0.0003	0.0006	0.0004	0.0008
34	0.0003	0.0006	0.0005	0.0009
35	0.0004	0.0007	0.0005	0.0010
36	0.0004	0.0008	0.0006	0.0011
37	0.0005	0.0009	0.0007	0.0013
38	0.0006	0.0010	0.0008	0.0014
39	0.0007	0.0012	0.0009	0.0016
40	0.0008	0.0013	0.0011	0.0018
41	0.0009	0.0015	0.0012	0.0021
42	0.0010	0.0017	0.0014	0.0024
43	0.0012	0.0019	0.0017	0.0027
44	0.0014	0.0022	0.0019	0.0030
45	0.0016	0.0024	0.0022	0.0034
46	0.0018	0.0027	0.0025	0.0037
47	0.0021	0.0030	0.0029	0.0041
48	0.0025	0.0033	0.0034	0.0046
49	0.0028	0.0036	0.0040	0.0051
50	0.0033	0.0040	0.0046	0.0056
51	0.0039	0.0044	0.0055	0.0062
52	0.0046	0.0049	0.0065	0.0068
53	0.0053	0.0054	0.0075	0.0075
54	0.0061	0.0059	0.0085	0.0082
55	0.0069	0.0064	0.0096	0.0089
56	0.0077	0.0069	0.0107	0.0096
57	0.0086	0.0074	0.0120	0.0104
58	0.0095	0.0080	0.0133	0.0112
59	0.0105	0.0085	0.0147	0.0119
60	0.0115	0.0090	0.0161	0.0127
61	0.0126	0.0096	0.0177	0.0134
62	0.0138	0.0101	0.0194	0.0141
63	0.0151	0.0105	0.0211	0.0147
64	0.0164	0.0109	0.0229	0.0152

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 10/30/2025 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:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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
Solstice Retirement Earnings Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/30/2025

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)

Solstice Advanced Materials U.S., Inc.

115 Tabor Rd.

Morris Plains NJ 07950

2b Employer Identification Number (EIN) 33-3437354

2c Plan Sponsor's telephone number 973-455-6561

2d Business code (see instructions) 325200

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	Jennifer Knaack	10/12/2026	JENNIFER KNAACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Jennifer Knaack	10/12/2026	JENNIFER KNAACK
	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

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 10/30/2025 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
Solstice Retirement Earnings Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Solstice Advanced Material U.S., Inc.

D Employer Identification Number (EIN)
33-3437354

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 10 Day 30 Year 2025

2 Assets:

a Market value	**2a**	149,706,549
b Actuarial value	**2b**	149,706,549

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	613	106,939,751	107,821,481
d Total	613	106,939,751	107,821,481

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**	5.46%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,420,690
b Expected plan-related expenses	**6b**	100,000
c Target normal cost	**6c**	1,520,690

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

Axay. A Patel AAP
Signature of actuary

09/30/2026
Date

Axay A. Patel
Type or print name of actuary

2607879
Most recent enrollment number

AON CONSULTING, INC.
Firm name

732-668-8485
Telephone number (including area code)

MSC #17457
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.33%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		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 5.03%		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	138.84 %
15	Adjusted funding target attainment percentage	15	138.84 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.76 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.90 %	5.31 %	5.62%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	1,520,690
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,520,690

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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**	0

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

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

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

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

Schedule SB, line 7 — Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

In October 2025, Honeywell spun off the liabilities and assets associated with the Solstice Advanced Materials business into a separate stand-alone plan sponsored by new entities. This spin-off was determined to be de minimis as interpreted from the IRS guidelines.

Solstice elected not to have a Funding Standard Carryover Balance or Prefunding Balance as of 10/30/2025.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

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	6.50%	1.0000	3.61
56.5	6.60%	0.9350	3.49
57.5	6.80%	0.8733	3.41
58.5	7.60%	0.8139	3.62
59.5	8.60%	0.7520	3.85
60.5	15.00%	0.6874	6.24
61.5	20.00%	0.5843	7.19
62.5	25.00%	0.4674	7.30
63.5	25.00%	0.3506	5.57
64.5	25.00%	0.2629	4.24
65.5	25.00%	0.1972	3.23
66.5	25.00%	0.1479	2.46
67.5	25.00%	0.1109	1.87
68.5	25.00%	0.0832	1.42
69.5	25.00%	0.0624	1.08
70	100.00%	0.0468	3.28
	Weighted Average		61.86

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

Plan Provisions—Allied Hourly

Participation in Plan

Hourly employees at the locations shown below

Nonunion employees hired before 2000 who were active on October 1, 2000 had the one time option of electing the Retirement Earnings formula. Nonunion employees hired after 1999 participate in the Retirement Earnings formula; union employees continue to participate in the Allied Hourly formula. New union employees hired after negotiated dates participate in the Pension Equity formula.

Effective December 31, 2015, the formula was amended to freeze pensionable pay for all non-union participants.

Plant	Active Location	Collectively Bargained?
A40AA	Pottsville, PA	No
A40E	Metropolis, IL	Yes
A40F	Chesterfield VA, Colonial Heights VA	Yes
A40J	Buffalo, NY	Yes
A40R	Baton Rouge, LA	Yes
A40W	Former Detroit, MI Tar	No
A40Y	Orange, TX	No
Total		

Eligibility for Benefits

Normal Pension

Age 65.

Early Pension

A participant may retire prior to his normal retirement date under the following conditions:

(1) Age 62 with ten years of service.

(2) Age plus service equals 80 points.

(3) Age 55 with ten years of service.

Disability Pension	Ten years of service.
Deferred Vested Pension	Five years of service.
Preretirement Spouse's Benefit	Five years of service.
Amount of Pension	
Normal Pension	Basic Benefit 1.2% of final average monthly pay (using highest three years of last ten years) multiplied by all years of service.
Minimum Benefit	A dollar amount multiplied by years of service (varies by location; see Plan Information table). In addition, a flat monthly benefit is payable (varies by location; see Plan Information table).
Early Pension	Under types (1) and (2), an unreduced normal retirement benefit. Under type (3) the benefit is reduced 3% for each year that payments commence prior to age 65. The flat benefit is also payable.
Disability Pension	The accrued benefit payable immediately, subject to a minimum per month (varies by location; see Plan Information table). The flat benefit is also payable.
Deferred Vested Pension	Accrued benefit payable at age 65; reduced 6% per year that payment commences prior to age 65.

Preretirement Spouse's Benefit	For vested active employees, the surviving spouse automatically receives one half of the employee's accrued benefit, payable immediately. The flat benefit is also payable. For terminated vested employees whose payments have not commenced, a benefit deferred to the participant's earliest retirement age equal to one half of the joint and 50% survivor benefit which would have been payable to the participant. An actuarial reduction is made in a participant's accrued benefit for this optional benefit.
Normal Form of Payment	
With Spouse	50% joint and survivor annuity actuarially equivalent to the single life annuity. Automatic unless rejected in writing.
Without Spouse	Single life annuity.
Optional Forms of Payment	50%, 75%, or 100% joint and survivor annuity with or without pop up feature; level income annuity; ten year certain; and life annuity; and a lump sum for those who terminate after 10/31/2023.
Definitions	
Compensation	Total compensation received by the employee.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

Plan Provisions—Allied Hourly

Plan Information

Plant Affiliation	Date New Hires Into Pension Equity	Date New Hires Into Defined Contribution	Location	Minimum Benefit	Supplementary Benefit	Minimum Disability Benefit	Special Age-65 Benefit
A40R	10/7/2009		Baton Rouge, LA	$32	$41	$600	$0
A40J	1/1/2013	06/13/2014	Buffalo, NY	$32	$38	$700	$0
A40E	6/22/2010	08/02/2014	Metropolis, IL	$40	$41	$700	$0
A40Y	1/1/2000[1]	01/01/2013	Orange, TX[1]	$29	$34	$600	$0
A40AA	1/1/2000[1]	01/01/2013	Pottsville, PA[1]	$30	$35	$650	$0
A40F	9/1/2011	5/20/2014	Chesterfield, VA; Colonial Heights, VA	$35	$40	$700	$50

[1] Frozen December 31, 2015

Plan Provisions—Allied Salaried

Participation in Plan	Salaried employees at locations historically covered by the Allied Salaried plan. Employees hired before 2000 who were active on October 1, 2000 had the one time option of electing the Retirement Earnings formula. Employees hired after 1999 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.
Eligibility for Benefits	
Normal Pension	Age 65.
Early Pension	A participant may retire prior to his normal retirement date under the following conditions: (1) Age and service equals 80 points. (2) Age 50, five years of service, and 60 points.
Disability Pension	Ten years of service.
Deferred Vested Pension	Five years of service.
Preretirement Spouse's Benefit	Five years of service.
Amount of Pension	
Normal Pension	**Basic Benefit** 1.1% of final average monthly pay (using the best consecutive five years of last ten years) plus 0.4% of final average pay in excess of the Social Security Breakpoint, multiplied by years of service.

	Minimum Benefit 2% of final average pay multiplied by the first 25 years of service less 64% of primary Social Security benefit. Former Oak Materials Plan participants and Signal Research employees are subject to proration rules under the Allied Salaried Plan. The date used for proration is January 1, 1988 for Oak Materials and January 1, 1989 for Signal Research.
Early Pension	With 80 points, the basic benefit is computed as for normal retirement, except that the 0.4% benefit based on excess pay is discounted by 3.0% for each year that early retirement precedes age 62. Under 60 points retirement, the basic benefit is computed as for normal retirement, discounted by 3% for each year that early retirement precedes age 62. The minimum benefit before offset is reduced 3% for each year that early retirement precedes age 62, and the offset is multiplied by a fraction the numerator of which is service at retirement and the denominator of which is projected service at age 65. The offset is also reduced 6 2/3% for each of the first five years that early retirement precedes age 65 and 3 1/3% for each year in excess of five.
Disability Pension	Accrued benefit payable immediately. If LTD and Social Security are available, benefit is deferred to age 65 with credit for time on disability (maximum 18 months).

Deferred Vested Pension	Accrued benefit payable at age 65 (except that the offset is prorated as for early retirement); reduced 6 2/3% for each of the first five years and 3 1/3% for each year in excess of five for early commencement.
Preretirement Spouse's Benefit	For vested active employees, one half of the employee's accrued benefit, payable immediately.
Normal Form of Payment	
With Spouse	50% joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing.
Without Spouse	Single life annuity.
Optional Forms of Payment	75% or 100% joint and survivor annuity, level income option, ten year certain and life, and a lump sum for those who terminate after 10/31/2023.
Definitions	
Compensation	Total compensation, including incentive compensation in the year earned but excluding items such as relocation reimbursements, educational assistance, etc.

Plan Provisions—Johnson Matthey Electronics

Participation in Plan	Salaried, nonunion employees at locations historically covered by the Johnson Matthey plan. Employees hired before 2000 who were active on October 1, 2000 had the one time option of electing the Retirement Earnings formula. Employees hired after 1999 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.
Eligibility for Benefits	
Normal Pension	Age 65 and five years of Employment Service.
Early Pension	Age 55 and five years of Vesting Service.
Disability Pension	Ten years of Benefit Service and total and permanent disability.
Deferred Vested Pension	Five years of Vesting Service.
Preretirement Spouse's Benefit	Vested participants married one year or more.
Life Insurance	Death of a participant after annuity starting date.
Amount of Pension	
Normal Pension	A monthly benefit equal to the sum of (1), (2) and (3) below: (1) 1.4% of Final Average Earnings up to the Breakpoint times Benefit Service up to 35 years. (2) 1.7% of Final Average Earnings over the Breakpoint times Benefit Service up to 35 years.

(3) 1.7% of Final Average Earnings times Benefit Service between 35 and 40 years.

Early Pension

Early retirement benefits are determined by reducing the normal retirement benefit as follows:

The following reductions apply for employees who retire prior to age 65 with at least 15 years of Benefit Service:

Retirement Age	Early Retirement Percentage	Retirement Age	Early Retirement Percentage
65	100%	59	85.00%
64	100%	58	80.00%
63	100%	57	75.00%
62	100%	56	67.00%
61	95.00%	55	59.00%
60	90.00%		

The following reductions apply for employees who terminate employment prior to age 55 or retire after age 55 but have not completed 15 years of Benefit Service:

Retirement Age	Early Retirement Percentage	Retirement Age	Early Retirement Percentage
65	100%	59	63.33%
64	93.33%	58	60.00%
63	86.67%	57	56.67%
62	80.00%	56	53.33%
61	73.33%	55	50.00%
60	66.67%		

Disability Pension

Normal or early retirement benefits described above. Benefit Service accrues during the period of disability prior to commencement up to a maximum of 18 months. The benefit is calculated based on final average pay at time of disability (but not later than December 31,

	2015). Benefits commence at age 65 or upon election to begin early retirement.
Deferred Vested Pension	Accrued normal retirement benefit payable at age 65 or as early as age 55 on a reduced basis as described above.
Preretirement Spouse's Benefit	
Death Prior to Age 55	A survivor benefit equal to 50% of the normal retirement benefit reduced for early commencement and 50% joint and survivor form of benefit paid to the spouse as early as the date that the participant would have been age 55.
Death on or After Age 55	A survivor benefit equal to 100% of the benefit the participant would have received if the participant had retired the day before death and elected the 100% joint and survivor form of payment.
Life Insurance Benefit	A life insurance benefit equal to 10% of Final Average Earnings times 12 minus $1,000.
Normal Form of Payment	
With Spouse	50% joint and survivor option that is actuarially equivalent to a life annuity with 60 guaranteed monthly payments.
Without Spouse	Life annuity with 60 monthly payments guaranteed.
Optional Forms of Payment	50%, 66 2/3%, or 100% joint and survivor annuity, five or ten year certain and life annuity, single life annuity, and a lump sum for those who terminate after 10/31/2023.

Definitions	
Final Average Earnings	Average of Base Earnings for the highest paid 60 consecutive months of employment.
Base Earnings	Base salary before any salary deferrals to other plans. Bonuses, overtime, and Company paid benefits are not included.
Employment Service	Employment service is counted from the day of employment. Employees earn a year of employment service on each anniversary date of employment. There is no hours worked requirement.
Vesting Service	Employees receive a year of vesting service for each year of employment that they work at least 1,000 hours. Vesting service years are counted from first day of work to each employment anniversary date.
Benefit Service	
(before August 17, 1999)	Employees earn a full year of benefit service for each year they work 2,080 hours. In years with less than 2,080 hours, service is prorated for the time actually worked. Benefit service is limited by location based on date of plan participation.
(after August 17, 1999)	Elapsed time (in years and partial years) for which an employee receives compensation.
Breakpoint	Equal to 1/12 of the following: $11,000 times the ratio of the Social Security Wage Base in the year of retirement divided by $32,400 (the wage base in 1982).

Plan Provisions—Pension Equity

Location	Plan Affiliation	Effective Date	Credited Service Date	Annual Percentage Credits
Astor Nonunion	PE1B	April 1, 1998	April 1, 1998	3%, 4%, 6%, 10%
Boyne City, MI	PE1AR	January 1, 2017	January 1, 2017	2%
Buffalo, NY	PE1AP	January 1, 2013	January 1, 2013	2%
Chesterfield, VA	PE1AJ	September 1, 2011	September 1, 2011	2%
Chesterfield, VA—Super String	PE1AN	September 17, 2012	September 17, 2012	2%
Claymont, DE	PE1AM	May 31, 2012	May 31, 2012	2%
Colorado Springs, CO	PE1K	January 1, 2002	Hire Date	2%
Geismar, LA Hourly	PE1H	November 1, 1999	November 1, 1999	2%
GEM Union—Mansfield, TX	PE1T	April 25, 2004	April 25, 2004	6%
Jacksonville, FL Union	PE1R	January 1, 2004	January 1, 2004	3%
Lanham Seabrook, MD	PE1M	March 1, 2001	March 1, 2001	2%
Lawrence, KS	PE1A	July 1, 1997	July 1, 1997	3%, 4%, 6%, 10%
Metropolis, IL	PE1AG	June 23, 2010	June 23, 2010	2%
NENS/MOMS—Wallops/Goddard	PE1P	January 1, 2004	January 1, 2004	2%
Specialty Chemicals—Baton Rouge, LA	PE1AD	October 7, 2009	October 7, 2009	2%
Specialty Wax—Chandler, AZ	PE1F	April 1, 1998	April 1, 1998	3%, 4%, 6%, 10%
Teamsters 1145—Minneapolis, MN	PE1AE	February 1, 2010	February 1, 2010	2%
UAW Master	PE1AK	August 1, 2011	August 1, 2011	2%
UOP—Baton Rouge, LA	PE1AC	June 1, 2009	June 1, 2009	2%

Plan Provisions—Pension Equity

Participation in Plan	Nonunion hourly employees in Lawrence, KS hired before 2000 who were active on October 1, 2000 had the one time option of electing the Retirement Earnings formula. Employees at those locations hired after 1999 participate in the Retirement Earnings formula. **See tables for other participating locations.**
Eligibility for Benefits	
Normal Pension	Later of age 65 or three years of Vesting Service.
Early Retirement	Age 55 and ten years of Vesting Service.
Disability Pension	Ten years of Vesting Service and eligible for Social Security disability benefits.
Vesting Pension	Three years of Vesting Service.
Preretirement Spouse's Benefit	Three years of Vesting Service.
Amount of Pension	
Normal Pension	For all participants at Lawrence, KS, and the Chandler groups, pension equity amount equals the sum of: (1) Final Average Compensation times the sum of the Percentage Credits earned for each year of Credited Service (see table below), plus (2) Final Average Compensation in excess of one half of the Social Security Wage Base times the sum of the Integration Percentage Credits earned for each year of Credited Service (see table below).

Attained Years of Vesting Service	Annual Percentage Credits	Annual Integration Percentage
For each of the first 5 years	3.0%	1.5%
For years 6–10	4.0%	2.0%
For years 11–15	6.0%	3.0%
For more than 15 years	10.0%	5.0%

In addition, the pension equity benefit payable cannot be less than the projected pension equity benefit payable at normal retirement age assuming constant Final Average Compensation and continuous employment to normal retirement age times the ratio of Credited Service over projected Credited Service at normal retirement age.

The pension equity amount calculated above is payable in the form of a lump sum.
See tables for other participating locations.

Early Pension	Accrued benefit reflecting pay and Credited Service through date of termination.
Disability Pension	Pension equity benefit calculated as for normal retirement, i.e., final average pay is frozen as of disability, but credits continue to accrue until the earlier of recovery or age 65 (maximum 18 months of additional service). Participant may also elect immediate payment of accrued benefit, but service stops.
Deferred Vested Pension	Accrued benefit reflecting pay and Credited Service through date of termination. Payments may commence immediately.
Preretirement Survivor's Benefit	For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single life

	annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value. For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.
Normal Form of Payment	
With Spouse	Fifty percent joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the Actuarial Equivalent of the pension equity amount.
Without Spouse	Single life annuity.
Optional Forms of Payment	One hundred percent joint and survivor annuity, single sum option.
Definitions	
Accrued Benefit	Single life annuity Actuarial Equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the 3 segment Corporate Bond Rates for the October preceding the plan year and the Applicable Mortality Table under IRS regulations.
Compensation	Total compensation, including incentive compensation but excluding items such as relocation reimbursements, nonqualified supplemental plan savings deferrals, etc.
Final Average Compensation	Twelve–month average of Compensation while a participant for the 60 consecutive full calendar months out of the last 120 months that produces the highest average. If an employee has fewer than 60 consecutive full calendar months of

	participation immediately preceding termination, all months of participation shall be used in the average.
Social Security Wage Base	For a plan year, the maximum compensation that may be considered wages under Code section 3121(a)(1).
Vesting Service	Period of service from date of hire through date of termination.

Plan Provisions—Retirement Earnings

Effective Date	January 1, 2000.
Participation in Plan	Salaried and nonunion hourly employees of Honeywell International, Inc. hired on or after January 1, 2000 and before January 1, 2013 participate in the Retirement Earnings formula. Employees hired before 2000 who elected into the plan also participate in this formula.
Participation Date	Date of hire. Eligibility is immediate.
Eligibility for Benefits	
Normal Retirement	The later of age 65 and three years of service.
Vested Pension	Three years of service.
Disability Pension	Eligibility for Social Security disability benefits.
Preretirement Death Benefit	Any age.
Amount of Pension	
Formula	A lump sum equal to Final Average Compensation times 6% (3% for those hired on or after January 1, 2009) for each year of credited service.
Deferred Vested Pension	Accrued benefit reflecting pay and credited service through date of termination. Payments may commence immediately.
Disability Pension	Pension equity benefit calculated as for normal retirement, i.e., final average pay is frozen as of disability, but credits continue to accrue until the earlier of recovery or age 65 (maximum 18 months of additional service). Participant may also elect immediate payment of accrued benefit, but service stops.
Preretirement Spouse's Benefit	For married participants, the surviving spouse will receive the participant's pension equity benefit

	converted to an equivalent single life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single sum value. For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.
Normal Form of Payment	
With Spouse	Fifty percent joint and survivor annuity Actuarially Equivalent to the single life annuity; automatic unless rejected in writing. The single life annuity is the Actuarial Equivalent of the pension equity amount.
Without Spouse	Single life annuity.
Optional Forms of Payment	One hundred percent joint and survivor annuity, single life annuity, single sum option. Single sum amount can be transferred into Honeywell Savings and Ownership Plan.
Definitions	
Accrued Benefit	Single life annuity Actuarial Equivalent (payable at age 65) of participant's pension equity amount.
Actuarial Equivalent Basis	Interest rate equal to the Applicable Interest Rate (the 3 segment Corporate Bond Rate for the October preceding the plan year) and the Applicable Mortality Table under IRS regulations. For conversion to and from lump sums, the interest rate is the lesser of 5% and the Applicable Interest Rate.

Credited Service	Elapsed time from adjusted service date calculated to four decimal places based on days employed.
Disability	Permanent and total disability.
Compensation	Base pay, overtime, commissions, short term incentive compensation, payroll based rewards and recognition, sales incentives, and lump sum incentives paid for the year.
Final Average Compensation	Annual average of compensation for the highest 5 calendar years out of the last 10 that produces the highest average.

Plan Provisions—Signal

Participation in Plan	Salaried employees at locations historically covered by the Signal plan. Employees hired before 2000 who were active on October 1, 2000 had the one time option of electing the Retirement Earnings formula. Employees hired after 1999 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.
Eligibility for Benefits	
Normal Pension	Age 65.
Early Pension	Age 55 and ten years of service.
Disability Pension	After ten years of Credited Service, a participant who becomes totally and permanently disabled may choose to retire upon his disability.
Deferred Vested Pension	Any participant who has completed five years of service or reaches age 65 while employed is entitled to a vested pension payable at retirement.
Preretirement Spouse's Benefit	A benefit is provided to the survivors of a participant who dies while eligible for a pension.
Amount of Pension	
Normal Pension	A monthly Normal Retirement Benefit shall be the difference between (1) and (2): (1) 1.5% of Average Final Compensation times Credited Service.

(2) 1.5% of the Primary Social Security benefit times Credited Service (not to exceed 33 1/3 years).

Normal Pension (continued)

The Normal Retirement Benefit shall not be less than:

(1) In the case of employees at Garrett, the larger of:
   (a) $20.00 times Credited Service or
   (b) 1% of Average Final Compensation times Credited Service.

Normal Pension (continued)

(2) In the case of any other participant, 1.25% of Average Final Base Pay times Credited Service.

For a participant who holds a Garrett Secured Benefit Account, his Normal Retirement Benefit shall be offset by the value of the account balance not transferred to this plan. The offset value is equal to the accumulated value at the normal retirement date divided by 153.31.

Effective 7/1/2000, a participant with a Garrett Secured Benefit Account will never receive less than the benefit based on service since January 1, 1984 without any offset for his account balance.

Early Pension

The Early Retirement Benefit is equal to the Normal Retirement Benefit, with the Primary Social Security offset not to exceed 50% of the Primary Social Security benefit times the ratio of his Credited Service to Credited Service at normal retirement date, reduced by 1/3 of 1% for each of the first 60 months his retirement age precedes age 60 and further reduced by an

	actuarial equivalent reduction for months in excess of 60.
Disability Pension	Same as the Early Pension but with the reduction on minimum (nonintegrated) benefits limited to 50%.
Deferred Vested Pension	Normal Pension deferred to age 65. If eligible, an early pension may be taken but the benefit is actuarially reduced for payment before age 65.
Preretirement Survivor's Benefit	For employees eligible for early retirement, one half of the single life annuity the participant would have received had he retired immediately preceding his death. If not survived by a spouse, his dependents shall share the benefit equally until age 21. For vested participants not eligible for early retirement, a benefit deferred to the participant's earliest retirement age of one half of the single life early retirement benefit which would have been payable to the participant.
Postretirement Death Benefit	A Garrett participant, if retired and at least age 55 at termination, will receive a $5,000 death benefit (less postretirement medical reimbursements and Garrett life insurance proceeds for some inactives).
Normal Form of Payment	
With Spouse	50% joint and survivor annuity actuarially equivalent to the single life annuity; automatic unless rejected in writing.
Without Spouse	Single life annuity.

Optional Forms of Payment	75% or 100% joint and survivor annuity, level income option, 10 or 20 year certain and life, and a lump sum for those who terminate after 10/31/2023.
Definitions	
Compensation	Fixed basic pay plus overtime pay, plus bonus and incentive pay in the year earned.
Average Final Base Pay	Average of the 60 highest consecutive months of basic straight time compensation in the last 120 months of employment.
Average Final Compensation	Average of the 60 highest consecutive months of compensation in the last 120 months of service.
Credited Service	Years and months for which an employee receives compensation. Also included are years of military service, approved leave of absence, and disability (provided that Disability Retirement benefits have not commenced) up to 18 months.
Vesting Service	Years and months of service completed after the first day of employment.
Primary Social Security	Estimated benefit available at the later of 65 or separation from service under the Social Security Act in effect on the date of separation from service.

Plan Provisions—UOP

History of the Plan

Effective December 30, 1940, a company known as Universal Oil Products Company and subsequently known as UOP Inc. ("Former UOP Inc.") established and thereafter maintained a pension plan for certain of its employees and for certain employees of certain of its divisions and subsidiaries including a division known as the Process Division. Such pension plan, which had been known as UOP Pension Plan ("Former UOP Pension Plan"), along with other like pension plans maintained by Former UOP Inc., was as of January 1, 1984 merged into a pension plan maintained by The Signal Companies Inc., of which Former UOP Inc. was then a subsidiary, and which plan was known as The Signal Companies Inc. Retirement Plan ("Signal Plan").

Effective December 29, 1984, the Process Division became, by corporate action, the sole operating unit of Former UOP Inc., which along with certain of its subsidiaries, namely UOP Process International Inc. and UOP Management Service Inc., are hereafter referred to as "1984 UOP Inc."

As of August 22, 1988, the interests in the Signal Plan of employees and former employees of 1984 UOP Inc. and of certain employees and former employees of the Engineered Materials Research Center of AlliedSignal Inc., which was the parent corporation of 1984 UOP Inc. and of all such Research Center until August 22, 1988, were transferred to this plan which was established effective August 22, 1988 as a pension plan for the continuation and the restatement of such interests of such employees and such former employees and which was named UOP (Allied Signal) Retirement Income Plan.

As of June 1, 1989, several changes in plan provisions were made (principally, changing from a final 5 year average pay formula to a 3 year average pay formula and extending early retirement to participants age 50 with ten years service), the plan was renamed "UOP Pension Plan" and two plans were merged into this plan: UOP (Union Carbide) Retirement Income Plan, and Katalistiks International, Inc. Pension Trust.

Effective August 1, 2001, 32 former employees of BP Amoco (BPA) joined UOP and became immediate participants in the UOP Pension Plan.

A summary of the plan provisions is shown on the following pages.

Plan Provisions—UOP

Effective Date	August 22, 1988. Amended and restated July 1, 2001. New hires after 2006 participate in the Retirement Earnings formula. Effective December 31, 2015, the formula was amended to freeze pensionable pay for all participants.
Eligibility for Participation	All U. S. dollar paid employees who have worked at least 1,000 hours in one year, excluding bargaining employees unless participation is part of the agreement.
Retirement Benefits	Age 65, or age 50 with 10 years.
Disability Benefits	Ten years of service.
Termination Benefits	Five years of service.
Death Benefits	Five years of service.
Amount of Benefits At Retirement	Accrued benefit (except for (2)(ii), which is unreduced) reduced by 4% for each year by which commencement precedes age 60.
At Disability	Unreduced benefit accrued through date of commencement. Maximum 18 months of service while on disability.
At Termination	Accrued benefit payable at age 65, or, if 10 years service, reduced by 6% for each of the first five years by which commencement precedes age 65 and by 4% for each of the next ten years.
At Death	(1) On the death of a participant eligible for retirement, the surviving spouse is entitled

	to an annuity equal to 50% of the annuity which the deceased employee would have received had he retired the day before death.
	(2) If a participant with 10 years service dies before age 50, benefits payable to the surviving spouse are deferred until the participant would have reached age 50.
	(3) If a participant had between 5 and 10 years service at death, payments are deferred until he would have reached age 65.
Accrued Benefit	
The larger of (1) and (2), less (3) where:	(1) Is 1.2% of final 3 year average base (plus shift) pay multiplied by years of service, plus $144 per year;
Accrued Benefit	(2) Is (i) 1.5% of final 3 year average total pay multiplied by years of service, less (ii) 50% (or, if smaller, 1.5% times years of service or maximum offset allowable under IRS regulations) of the estimated Social Security benefit payable at the later of age 62 or termination; and
	(3) Is any benefit(s) payable under the Union Carbide Corporation ("UCC") Retirement Program. Benefits payable under the UCC Retirement Program are based on service as of 08/22/1988 and final average pay as of actual termination, with such final average pay limited to the average obtained by assuming annual pay increases of 6.25% after 08/22/1988.
For Former BP Amoco Employees, the larger of (4) and (5), where:	(4) Is the benefit from UOP's pension formula for cumulative BPA plus UOP service, offset

	by the Employee's BPA accrued pension benefit on the effective date (this offset will be reduced actuarially using 83GAM (blended 50% male, 50% female) and 6.5% interest for participants that retire early); and (5) Is the benefit from UOP's pension formula for the Employee's UOP service beginning on the effective date.
Normal Form of Annuity	Single life annuity for unmarried participants and "Statutory Joint and Survivor Annuity" (50% contingent annuity which is the actuarial equivalent of the single life form) for married participants.
Optional Forms of Benefits	Singe life annuity or its actuarially equivalent contingent annuity (50% or 100%), certain and life annuity (10, 15, or 20 year periods), and a lump sum for those who terminate after 10/31/2023.
Employee Contributions	None required or permitted. Contributions to a prior plan continue to earn interest at a rate not less than 7.5% annually. These contributions are used to provide additional benefits for the contributing employees.

Plan Provisions—UOP Baton Rouge

Effective Date	January 1, 2000; latest negotiated contract effective June 1, 2015 to May 31, 2018.
Eligibility for	
Participation	All employees at the Baton Rouge Plant covered by the union agreement with the International Union of Operating Engineers, Local #216, who have at least one year of service and were hired before June 1, 2009. Employees hired on or after June 1, 2009 participate in the Pension Equity formula. Employees hired on or after June 1, 2015 will not be eligible for pension benefits.
Retirement Pension	Age 65 with five years of service or age 55 with ten years of service.
Deferred Vested Pension	Five years of service.
Preretirement Survivor's Benefit	Five years of service.
Amount of Benefits	
Retirement Pension	
▪ Former Kaiser	Accrued benefit reduced by 6% for each year by which commencement precedes age 62, or unreduced with 30 years of service.
▪ Hired After 8/1/1988	Accrued benefit reduced by 6% for each year by which commencement precedes age 62.
Deferred Vested Pension	
▪ Former Kaiser	Accrued benefit payable at age 65 or 30 years service, or at age 55 with ten years of service, reduced by 6% for each year before age 65.
▪ Hired After 8/1/1988	Accrued benefit payable at age 65, or at age 55 with ten years of service, reduced by 6% for each year before age 65.
Preretirement Survivor's Benefit	On the death of a participant eligible for retirement, with five years of service the

	surviving spouse is entitled to an annuity equal to 50% of the annuity which the deceased employee would have received had he retired the day before death.
Accrued Benefit:	Effective June 1, 2006, $34.00 per month for each year of service after closing date, 6/13/1999. Effective June 1, 2009, $37.00 per month for each year of service after closing date. **Service for benefit accrual purposes is frozen as of December 31, 2015**. Future accruals are under the 2% pension equity formula.
Normal Form of Annuity	Single life annuity for unmarried participants and “Statutory Joint and Survivor Annuity” (50% contingent annuity which is the actuarial equivalent of the single life form) for married participants.
Optional Forms of Benefits	Singe life annuity or its actuarially equivalent contingent annuity (50% or 100%), certain and life annuity (10, 15, or 20 year periods), Social Security level income option, and a lump sum for those who terminate after 10/31/2023.
Employee Contributions	None required or permitted.

Plan Changes Since the Prior Year

In October 2025, Honeywell spun off the liabilities and assets associated with the Solstice Advanced Materials business into a separate stand-alone plan sponsored by new entities.

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.

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
Corporate Stock - Common			
United States - USD			
SOLSTICE ADVANCED MATLS INC COM CUSIP : 83443Q103	337,534.000	2,635,499.73	16,397,401.72
Total United States - USD		**2,635,499.73**	**16,397,401.72**
Total Corporate Stock - Common		**2,635,499.73**	**16,397,401.72**
Total		**2,635,499.73**	**16,397,401.72**

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

** All or a portion of this security participates in Securities Lending.

Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
Receivable Income - USD						
Income	0.000	0.00	384,284.70	384,284.70	0.00	0.00
Total - all currencies			**384,284.70**	**384,284.70**	**0.00**	**0.00**
Total Receivable Income - USD			**384,284.70**	**384,284.70**	**0.00**	**0.00**
Value of Interest in Common/Collective Trusts						
United States - USD						
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP : 66586U445	120,077,962.620	1.00	120,077,962.62	120,077,962.62	0.00	0.00
Total United States - USD			**120,077,962.62**	**120,077,962.62**	**0.00**	**0.00**
Total Value of Interest in Common/Collective Trusts			**120,077,962.62**	**120,077,962.62**	**0.00**	**0.00**
Total			**120,462,247.32**	**120,462,247.32**	**0.00**	**0.00**

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy , timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

Schedule SB Attachment (Form 5500)—2025 Plan Year
Solstice Retirement Earnings Plan
EIN: 33-3437354 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

In October 2025, Honeywell spun off the liabilities and assets associated with the Solstice Advanced Materials business into a separate stand-alone plan sponsored by new entities. The plan effective date of Solstice Advanced Materials is October 30, 2025.

The Honeywell Retirement Earnings Plan had the following assumption change in the 2025 plan year that was also reflected in the Solstice Advanced Materials Plan:

- A change in the unlimited expected rate of return on assets from 7.00 percent to 7.25 percent

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