

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension ☐ the DFVC program </div> </div>
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 <u>HARSCO EMPLOYEES PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>219</u>
1c	Effective date of plan <u>01/01/1976</u>
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) <u>HARSCO CORPORATION</u> <u>350 POPLAR CHURCH ROAD</u> <u>CAMP HILL, PA 17011</u>
2b	Employer Identification Number (EIN) <u>23-1483991</u>
2c	Plan Sponsor's telephone number <u>717-763-7064</u>
2d	Business code (see instructions) <u>339900</u>

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.	10/13/2022	KATHRINE RUSHEFSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	4699
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)	223
a(2) Total number of active participants at the end of the plan year		6a(2)	198
b Retired or separated participants receiving benefits.....		6b	2149
c Other retired or separated participants entitled to future benefits		6c	1796
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	468
f Total. Add lines 6d and 6e		6f	4611
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
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 Characteristics Codes in the instructions: 1A 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ 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 HARSCO EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 219
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARSCO CORPORATION	D Employer Identification Number (EIN) 23-1483991
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2021	
2 Assets:	
a Market value	2a 228476629
b Actuarial value	2b 206734538
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 2475 (2) Vested Funding Target 123966176 (3) Total Funding Target 123966176
b For terminated vested participants.....	2001 63826843 63826843
c For active participants	223 12495538 12751323
d Total.....	4699 200288557 200544342
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 5.52 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 2432631
c Total (line 6a + line 6b)	6c 2432631

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		09/16/2022
Signature of actuary		Date
DAVID H WEBBER, FSA, EA		20-06137
Type or print name of actuary		Most recent enrollment number
WILLIS TOWERS WATSON US LLC		703-258-8000
Firm name		Telephone number (including area code)
800 NORTH GLEBE ROAD ARLINGTON, VA 22203		
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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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	3586000
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)		3586000
10 Interest on line 9 using prior year's actual return of <u>13.35</u> %		478731
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 <u>5.66</u> %		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	4064731

Part III Funding Percentages

14 Funding target attainment percentage	14	101.05 %
15 Adjusted funding target attainment percentage	15	103.08 %
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	101.68 %
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)		18(c)

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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ 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** Is the plan required to provide a Schedule of Active Participants? 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****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29****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**

2432631

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

2125465

32 Amortization installments:**a** Net shortfall amortization installment**b** Waiver amortization installment

Outstanding Balance

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**

307166

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

307166

307166

36 Additional cash requirement (line 34 minus line 35)**36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37****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 Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HARSCO EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	219
C Plan sponsor's name as shown on line 2a of Form 5500 HARSCO CORPORATION	D Employer Identification Number (EIN) 23-1483991	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
U.S. BANK NATIONAL ASSOCIATION
31-0841368

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
U.S. BANCORP ASSET MANAGEMENT
41-2003732

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
U.S. BANCORP FUND SERVICES LLC
39-1939072

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

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

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

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28 50	INVESTMENT MANAGEMENT	657500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	613960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	81318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCKONLY & ASBURY LLP

23-1909723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	31825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SQUIRE PATTON BOGGS

34-0648199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	14689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAAS PRINTING CO, INC.

23-2004040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	PRINTING	7664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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)

(Complete as many entries as needed to report all participating plans)

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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HARSCO EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	219
C Plan sponsor's name as shown on line 2a of Form 5500 HARSCO CORPORATION		
D Employer Identification Number (EIN) 23-1483991		

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	1707903	1628754
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2415000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	40	26
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)	5933870	5180725
(5) Partnership/joint venture interests	1c(5)	10531693	0
(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)		13665881
(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)	207968826	213678290
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	228557332 234153676
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	79745 239981
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	79745 239981
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	228477587 233913695

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	
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)	
(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)	5192036
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	5192036
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	447834
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	110190
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	337644
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-642955
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-642955

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3134188
(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)		14464288
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22485201
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14598695	
(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)		14598695
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	729436	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	657500	
(4) Other.....	2i(4)	1063462	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2450398
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17049093
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5436108
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: MCKONLY & ASBURY LLP

(2) EIN: 23-1909723

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	
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.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 440597.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HARSCO EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 219
C Plan sponsor's name as shown on line 2a of Form 5500 HARSCO CORPORATION	D Employer Identification Number (EIN) 23-1483991

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
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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: 61.0 % Investment-Grade Debt: 28.0 % High-Yield Debt: 10.0 % Real Estate: 0.0 % Other: 1.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____

HARSCO EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2021 AND 2020
AND INDEPENDENT AUDITOR'S REPORT



McKONLY & ASBURY
CPAs & Business Advisors

HARSCO EMPLOYEES PENSION PLAN

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MEMBERS

AMERICAN AND PENNSYLVANIA INSTITUTES
OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT MEMBER OF



INDEPENDENT AUDITOR'S REPORT

To the Pension Investment Committee
Harsco Employees Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Harsco Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Notes 5 and 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

MAILING ADDRESS

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Information Required by ERISA

The supplemental information noted in the table of contents, as of and for the year ended December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

McKonly & Asbury, LLP

Camp Hill, Pennsylvania
October 10, 2022

HARSCO EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

(Amounts in thousands)

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	\$ 234,154	\$ 226,142
Employer contributions receivable	<u>-</u>	<u>2,415</u>
Total assets	<u>234,154</u>	<u>228,557</u>
Accrued administrative expenses	<u>240</u>	<u>79</u>
Net assets available for benefits	<u><u>\$ 233,914</u></u>	<u><u>\$ 228,478</u></u>

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

HARSCO EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

(Amounts in thousands)

	<u>2021</u>	<u>2020</u>
Additions in net assets attributable to		
Investment income (loss)		
Net decrease in plan interest in the Harsco Pension and Profit Sharing Collective Investment Fund	\$ -	\$ (2,903)
Net appreciation in fair value of investments	17,293	27,278
Dividend income	<u>5,192</u>	<u>3,303</u>
Total additions, net	<u>22,485</u>	<u>27,678</u>
Deductions from net assets attributable to		
Benefits paid to participants	14,599	15,860
Administrative expenses	<u>2,450</u>	<u>2,519</u>
Total deductions	<u>17,049</u>	<u>18,379</u>
Net increase in net assets available for benefits	5,436	9,299
Net assets available for benefits, beginning of year	<u>228,478</u>	<u>219,179</u>
Net assets available for benefits, end of year	<u>\$ 233,914</u>	<u>\$ 228,478</u>

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

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following brief description of the Harsco Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan providing retirement, death and disability benefits to all eligible salaried and hourly paid supervisory, office and clerical employees of Harsco Corporation (the "Company"), as defined by the Plan, who are not otherwise covered by any other qualified pension plan to which the Company contributes on behalf of such employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is frozen with respect to new participants, as well as benefit accrual service and compensation accruals for existing participants. The effective freeze date for participation in the Plan varies, from December 31, 2003 to October 31, 2019, depending on the employee's division or location as defined by the Plan document.

The Plan is administered by the Company's Pension Investment Committee ("Committee"), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's board of directors.

Service Rules

Employees are credited with a year of service for each Plan year during which they meet the minimum hours of service requirement applicable to their division of employment. The minimum requirements for the respective divisions are specified within the Plan document and range from 1,000 to 1,800 hours of service.

Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age (65). Participants may elect to receive their vested benefits in the form of a lump sum or a monthly annuity. The amount of the benefit is determined by length of service, date of termination, age of participant, and the division in which the employee worked. In certain divisions, the Plan permits early retirement if the participant meets the required length of service and age. As a result, participants may be eligible for early retirement at ages 50-64 and completion of five to fifteen years of continuous service dependent upon the division's pension provisions. The amount of the monthly benefit will vary depending upon, among other things, which division the employee is in as defined in the Plan document. If the present value of the pension does not exceed \$5,000, a lump-sum payment is automatic. If employees terminate before rendering 5 years of service, they forfeit the right to 100% of their accrued benefit.

Death and Disability Benefits

The Plan provides for death and disability benefits. In the event of death, the amount of benefit the beneficiary will receive will depend upon, among other things, the employee's status as of the date of

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

death and whether the participant was already receiving normal retirement benefits. In the event a participant becomes totally and permanently disabled, the benefit to be received will depend upon, among other things, the employee's status at the time of disability. Disability retirement is available on the first day of any month coincident with or following the completion of 15 years of service and one year of permanent disability. Upon meeting these requirements, a participant is entitled to 100% of their accrued benefit.

Vesting

A participant is fully vested after completion of five years of continuous service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. See Note 6 for a discussion of fair value measurements. The Company's finance department determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes gains and losses on investments bought and sold as well as held during the year. Net decrease in plan interest in the Harsco Pension and Profit Sharing Collective Investment Fund ("CIF") includes the Plan's gains and losses on CIF units bought and sold as well as held during the year.

Funding Policy

The Plan is funded by the Company with actuarially determined contributions. The contributions are determined using an actuarial cost method which takes into consideration the present value of benefits expected to accrue during the plan year. The Plan has complied with the minimum funding requirements established by ERISA for 2021 and 2020.

As permitted under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act, the Company applied a \$2,415,000 contribution that was made to the Plan on January 4, 2021 to funding for the 2019 plan year. As a result, this contribution is included in employer contributions receivable as of December 31, 2020 on the statement of net assets available for benefits.

Investment Fees

Investment income reflects certain fees paid by the investment funds, as well as the underlying investment funds of the CIF, to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses

Administrative costs, such as legal, accounting, actuarial, and trustee fees, as well as the Pension Benefit Guaranty Corporation ("PBGC") premium, are paid by the Plan.

Nonmonetary transactions

In accounting for nonmonetary transactions, the Plan recognizes the acquired nonmonetary asset at the fair value of the nonmonetary asset surrendered to obtain it, and a gain or loss is recognized for the amount by which the fair value and cost basis of the surrendered nonmonetary asset differ at the time of the transaction. There were no nonmonetary transactions during the year ended December 31, 2021.

As further discussed in Note 5, the CIF distributed all of its assets to its participating plans in July 2020 and was dissolved. As part of this process, the Plan exchanged shares of the CIF, which had a fair value of \$204,208,234 and a cost basis of \$199,898,089, for shares of various money market funds, common stock, mutual funds, and a collective investment trust that were previously held by the CIF. A gain of \$4,310,145 was recognized on the exchange, which is included within net decrease in plan interest in the Harsco Pension and Profit Sharing Collective Investment Fund on the statement of changes in net assets available for benefits for the year ended December 31, 2020.

Subsequent Events

The Plan evaluated subsequent events for recognition or disclosure through October 10, 2022, the date the financial statements were available to be issued.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation for the five consecutive years of highest earnings out of the last ten calendar years. The accumulated plan benefits for active

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

employees are based on their credited service and history of compensation at the time the plan was frozen.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as of January 1, 2021 and 2020, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation and the determination of the present value of accumulated plan benefits as of January 1, 2021 and 2020, are as follows:

Discount rate *	For 2021: 6.25% compounded annually. For 2020: 6.50% compounded annually.
Mortality basis	<p>For 2021: Separate rates for non-annuitants based on Pri-2012 "Employee" table (male and female) without collar adjustment, projected generationally from the base year of 2012 using Scale MP2021; annuitants based on Pri-2012 "Healthy Retiree" or "Contingent Survivor" tables (male and female) without collar adjustment, projected generationally from the base year of 2012 using Scale MP2021.</p> <p>For 2020: Separate rates for non-annuitants based on Pri-2012 "Employee" table (male and female) without collar adjustment, projected generationally from the base year of 2012 using Scale MP2020; annuitants based on Pri-2012 "Healthy Retiree" or "Contingent Survivor" tables (male and female) without collar adjustment, projected generationally from the base year of 2012 using Scale MP2020.</p>
Retirement	20% at age 62 increasing to 100% at age 68 for 2021 and 2020.

* Net of 0.50% for assumed expenses in 2021 and 2020.

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

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is as follows as of January 1, 2021 and 2020, (in thousands):

	2021	2020
Vested benefits		
Participants currently receiving payments	\$ 115,264	\$ 111,512
Other participants	74,089	77,903
	189,353	189,415
Nonvested benefits	77	156
Total actuarial present value of accumulated plan benefits	<u>\$ 189,430</u>	<u>\$ 189,571</u>

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2021 and 2020, are presented below (in thousands):

	2021	2020
Actuarial present value of accumulated plan benefits at beginning of year	\$ 189,571	\$ 186,459
Increase (decrease) attributable to		
Benefits accumulated	-	22
Interest due to the decrease in the discount period	11,815	12,173
Benefits paid	(15,860)	(12,472)
Actuarial gains	(955)	(611)
Assumption changes	4,859	4,000
Net increase (decrease)	(141)	3,112
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 189,430</u>	<u>\$ 189,571</u>

For the years ended January 1, 2021 and 2020, the actuarial present value of accumulated plan benefits experienced significant increases related to assumption changes. The increases were primarily the result of decreases in the discount rates used to value future annuity and lump sum benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and 2020. Had the valuations been performed as of December 31, there would be no material differences.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated in accordance with the Plan document and as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a ceiling, which is adjusted periodically, on the amount of monthly benefit that the PBGC guarantees.

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

5. PLAN INTEREST IN THE HARSCO PENSION AND PROFIT SHARING COLLECTIVE INVESTMENT FUND (UNAUDITED)

In July 2020, the CIF fully distributed its remaining assets to its participating plans and was dissolved. Prior to its liquidation, the CIF was the Plan's primary investment.

The CIF was a unitized pool. Each participating plan held units of the pool that represented their pro-rata share of the underlying investments. On a monthly basis, the investment pool was valued and a new pool net asset value ("NAV") was calculated to represent this value. All income allocations were processed on a per unit basis. All income, realized and unrealized gains/losses, were included in/rolled into the monthly NAV.

The following investment information disclosed in the accompanying financial statements was obtained or derived from information that has been prepared and certified to as complete and accurate by U.S. Bank, N.A. ("U.S. Bank"), the trustee of the CIF, and has not been audited by independent auditors.

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

The CIF's net investment loss consists of the following for the year ended December 31, 2020 (in thousands):

Investment loss	
Net realized and unrealized depreciation in fair value of investments	\$ (4,247)
Interest	10
Dividends	1,694
	<u>1,704</u>
Less investment advisory fees	<u>(315)</u>
Net investment loss	<u>\$ (2,858)</u>

Net depreciation includes the gains and losses on investments bought and sold as well as held during the year.

The following are the changes in net assets for the CIF for the year ended December 31, 2020 (in thousands):

Net investment loss	\$ (2,858)
Net transfers to participating plans	<u>(222,192)</u>
Decrease in net assets	(225,050)
Net assets, beginning of year	<u>225,050</u>
Net assets, end of year	<u>\$ -</u>

6. FAIR VALUE MEASUREMENTS

The Plan measures its investments at fair value on a recurring basis in accordance with U.S. GAAP. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Level 1 – Fair value is based on unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets or liabilities, quoted market prices in inactive markets for identical or similar assets, and other observable inputs.

Level 3 – Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and similar techniques.

Valuation Methodologies for Assets Held by the Plan

Money market funds are stated at cost, which approximates fair value. The fair values of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock are valued at the closing price reported in the active market on which the individual securities are traded. There have been no significant changes in the methodologies used during the years ended December 31, 2021 and 2020.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain investments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31 (in thousands):

	Fair Value	2021		
		Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Mutual funds	\$ 213,678	\$ 213,678	\$ -	\$ -
Common stock	5,181	5,181	-	-
Money market funds	1,629	1,629	-	-
Investment measured at net asset value ^a	13,666	-	-	-
Total investments at fair value	<u>\$ 234,154</u>	<u>\$ 220,488</u>	<u>\$ -</u>	<u>\$ -</u>

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

	Fair Value	2020		
		Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Mutual funds	\$ 207,969	\$ 207,969	\$ -	\$ -
Common stock	5,934	5,934	-	-
Money market funds	1,708	1,708	-	-
Investment measured at net asset value ^a	10,531	-	-	-
Total investments at fair value	<u>\$ 226,142</u>	<u>\$ 215,611</u>	<u>\$ -</u>	<u>\$ -</u>

^a See below for discussion of this item.

Investment Measured at Fair Value Based on the NAV per Share Practical Expedient

In accordance with Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, a collective investment trust held by the Plan at December 31, 2021 and 2020, which is measured at NAV per share, is exempt from categorization within the fair value hierarchy. The collective investment trust is valued by the investment advisor based on the current market values of the trust's underlying assets. Further information concerning this collective investment trust may be obtained from its separate audited financial statements. The fair value amounts presented in the preceding fair value hierarchy tables are intended to permit reconciliation of the fair value hierarchy to the items presented in the Plan's statements of net assets available for benefits as of December 31, 2021 and 2020.

The following table summarizes investments measured at fair value based on the NAV per share practical expedient that were held by the Plan as of December 31, 2021 and 2020 (in thousands):

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SEI Structured Credit Collective Fund	\$ 13,666	None	Quarterly, after 24 month initial lock-up period	90 Business Days
December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
SEI Structured Credit Collective Fund	\$ 10,531	None	Quarterly, after 24 month initial lock-up period	90 Business Days

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

7. INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. U.S. Bank held the Plan's investment assets and executed investment transactions as of and for the years ended December 31, 2021 and 2020. Accordingly, U.S. Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020, the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020, and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2021.

8. TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 23, 2018, that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and they therefore believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by SEI. The Plan invests in certain funds owned by the investment manager, and transactions in these funds qualify as party-in-interest transactions. U.S. Bank serves as the Plan's trustee. Fees incurred by the Plan for the trustee fees amounted to \$75,067 and \$69,871 for the years ended December 31, 2021 and 2020, respectively.

Plan and CIF transactions in Harsco Corporation common stock also qualify as party-in-interest transactions. As of December 31, 2021 and 2020, the Plan held Harsco Corporation common stock with a total fair market value of \$5,180,100 and \$5,933,400, respectively. During 2021, the Plan sold 20,000 shares of Harsco Corporation common stock for \$447,834 and recognized a gain on sale of \$337,645. During 2020, the CIF sold 30,000 shares of Harsco Corporation common stock for \$420,413 and recognized a gain on sale of \$255,128. There were no purchases of Harsco Corporation common stock by the Plan or CIF during 2021 or 2020.

All other transactions which may be considered parties-in-interest transactions relate to normal plan management and administrative services, and the related payment of fees.

HARSCO EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

10. RISKS AND UNCERTAINTIES

Investments of the Plan are exposed to various risks, such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the statement of net assets available for benefits.

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

SUPPLEMENTAL INFORMATION

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
Harsco Corporation
Harsco Employees Pension Plan
Employer Identification Number: 23-1483991
Three-digit Plan Number: 219
December 31, 2021

(a)	(b) Identity of issue	(c) Description of Investment	(d) Cost (in thousands)	(e) Current Value (in thousands)
	First American Government Obligations Fund Class Z	Money Market Fund	\$ 1,629	\$ 1,629
*	Harsco Corporation	Common Stock	1,708	5,180
	MetLife, Inc.	Common Stock	1	1
	Total Common Stock		1,709	5,181
*	SEI S&P 500 Index Fund	Mutual Fund	23,364	35,189
*	SEI Small Cap II Fund	Mutual Fund	6,377	6,749
*	SEI Extended Market Index Fund	Mutual Fund	5,214	6,473
*	SEI World Equity Ex US Fund	Mutual Fund	45,324	44,195
*	SEI Emerging Markets Equity Fund	Mutual Fund	6,875	6,588
*	SEI Core Fixed Income Fund	Mutual Fund	54,573	55,850
*	SEI Long Duration Bond Fund	Mutual Fund	32,572	33,631
*	SEI High Yield Bond Fund	Mutual Fund	9,010	9,079
*	SEI Emerging Markets Debt Fund	Mutual Fund	7,059	6,554
*	SEI Dynamic Asset Allocation Fund	Mutual Fund	8,002	9,370
	Total Mutual Funds		198,370	213,678
*	SEI Structured Credit Collective Fund	Collective Investment Trust	10,000	13,666
	Total Investments		\$ 211,708	\$ 234,154

* Represents party-in-interest.

Schedule H, Line 4(j) - Schedule of Reportable Transactions
Harsco Corporation
Harsco Employees Pension Plan
Employer Identification Number: 23-1483991
Three-digit Plan Number: 219
Year Ended December 31, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (i)
Category (i) - Single transaction exceeds 5% of the current value of Plan assets.						
SEI Core Fixed Income Fund	Mutual Fund	25,592,215	-	25,592,215	25,592,215	-
SEI Large Cap Fund	Mutual Fund	-	16,969,130	16,902,912	16,969,130	66,218
Category (iii) - Series of transactions in the same security exceeds 5% of the current value of Plan assets.						
First American Government Obligations Fund Class Z	Money Market Fund	17,306,712	-	17,306,712	17,306,712	-
		-	17,385,867	17,385,861	17,385,867	6
SEI Core Fixed Income Fund	Mutual Fund	27,355,109	-	27,355,109	27,355,109	-
		-	887,209	860,124	887,209	27,085
SEI Large Cap Fund	Mutual Fund	-	17,059,050	16,996,657	17,059,050	62,393
SEI World Equity Ex US Fund	Mutual Fund	8,691,102	-	8,691,102	8,691,102	-
		-	19,777,903	10,486,233	19,777,903	9,291,670

There were no category (ii) or (iv) transactions.



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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective Date and Most Recent Amendment Amended and restated effective January 1, 2017, including amendments adopted through July 30, 2021

Covered Employees

- HEPP Core Employees covered by the primary plan, including:
 - Capitol Manufacturing and Taylor Wharton Gas Equipment units of the Company's Gas & Fluid Control Group Division
 - Patent Construction Systems Patterson-Kelley units of the Company's Infrastructure Group Division
 - Heckett MultiServ West unit of the Company's Mill Service Group Division
 - Locations: Fremont, Ohio, Bloomfield, Iowa, Jessup, Georgia, and West Jordan, Utah of the American Welding and Tank Unit of the Company's Gas & Fluid Control Group Division
 - SCI unit of the Company's Gas & Fluid Control Group Division
 - Locations: Fairmont (Minnesota), Tamper (South Carolina), Ludington, Michigan of the Harsco Track and Technologies unit of the Infrastructure Group Division
- Appendix A Employees covered under Appendix A of the plan, including:
 - Bowen-McLaughlin-York Co. Salaried Employees (BMY)
 - Broderick Co. Salaried Employees
 - Harrisburg Steel Co. Salaried Employees
 - Heckett Engineering Co. Salaried and Hourly Employees
 - Clerical and Supervisory Co. Salaried Employees
 - Patent Scaffolding Co. Salaried Employees
 - Quaker AlloyCasting Co. Salaried Employees
 - Taylor- Wharton Co. Salaried Employees

Plan Name: Harsco Employees Pension Plan
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- Appendix B (SCI) Employees covered under Appendix B of the plan including:
 - Salaried employees of the SCI Division of the Taylor Wharton Gas Equipment group
 - Hourly employees of the SCI Division of the Taylor Wharton Gas Equipment group
- Appendix C (Sherwood) Employees covered under Appendix C of the plan, specifically the Sherwood Division of Harsco Corporation
- Appendix D (Tamper) Employees covered under Appendix D of the plan including:
 - HTT- Harsco Track and Technologies
 - Fairmont Tamper Division of Harsco Corporation
 - Hourly and salaried Ludington, Michigan employees
- Appendix E (Harrisburg Steel) Employees covered under Appendix E of the plan, specifically hourly employees covered under the Harrisburg Steel Hourly Employees Pension Plan who became salaried employees on or before April 20, 1992
- Appendix F (Fairmont) Employees covered under Appendix F of the plan, specifically hourly paid employees covered by a collectively bargained agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 1016
- Appendix G (Heckett) Employees covered under Appendix G of the plan, specifically hourly employees of Heckett Multiserv covered by any Labor Agreement referenced in the plan document.
- Appendix H (Reed) Employees covered under Appendix H of the plan, specifically employees of the Reed Minerals division
- Appendix I (HTT UAW) Employees covered under Appendix I of the plan, specifically hourly paid employees covered by a collective bargaining agreement between the International Union United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 811
- Appendix J (Capitol) Employees covered under Appendix J of the plan, specifically members of the International Association of Machinist and Aerospace Workers AFL-CIO Local 2306
- Appendix K (Harsco Hourly) Employees covered under Appendix K of the plan including hourly employees of Patent Construction and closed divisions referenced in the plan document.

Plan Name: Harsco Employees Pension Plan
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Definitions

Vesting service

- HEPP Core, App. A, E (Harrisburg Steel), G (Heckett) Years and completed months from the later of date of hire or the January 1 in the year in which the participant attains age 18
- Appendix B (SCI), C (Sherwood), D (Tamper), F (Fairmont), I (HTT UAW) One year of service for 1,000 hours in a plan year, commencing at the participant's employment date
- Appendix H (Reed) Prior to September 28, 1978, complete years as credited under the former pension plan.
Beginning September 28, 1978, one year of service for 1,000 hours in a plan year, including the short plan year from September 28, 1978 to December 31, 1978.
- Appendix J (Capitol), K (Harsco Hourly) One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 18

Benefit service

- HEPP Core, App. A/ App. E (Harrisburg Steel) Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Accrual service is limited to 40 years. Benefit service is frozen as of December 31, 2003.
- Appendix B (SCI) One year of service for 1,000 hours in a plan year, commencing at the participant's employment date. If less than 1,000 hours are worked, 1/12th of a year for each 84 period of service during the year. Benefit service is limited to 35 years. Benefit service for salaried employees is frozen as of December 31, 2003.
- Appendix C (Sherwood) One year of service for 1,800 hours in a plan year, commencing at the participant's employment date. Accrual service is limited to 35 years. Benefit service for salaried employees is frozen at December 31, 2003. Benefit service for hourly employees is frozen at December 31, 2001.
- Appendix D (Tamper) Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Benefit service for salaried employees is frozen as of December 31, 2003. Benefit service for hourly employees is frozen as of December 31, 2006.
- Appendix F (Fairmont) Actual hours worked during a plan year divided by 1,700, rounded to the nearest tenth, subject to a maximum of 1. Benefit service for salaried employees is frozen as of December 31, 2006.

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- Appendix G (Heckett) Elapsed time from the later of date of hire or the date in which the participant attains age 20½ with 6 months of service. From date of hire for Central East. Benefit service for all locations under Appendix G are frozen.
- Appendix H (Reed) Prior to September 28, 1978, complete years as credited under the former pension plan. For the short plan year from September 28, 1978 to December 31, 1978, ¼ of a year of service is granted if the participant worked at least 250 hours.

Beginning January 1, 1979, one year of service for 1,000 hours in a plan year. See table for benefit service freeze dates by location.
- Appendix I (HTT UAW) One year of service for 1,800 hours in a plan year, or a fraction of a year for fewer than 1,800 hours, commencing at the participant's employment date. Benefit service is frozen at December 31, 2007.
- Appendix J (Capitol) One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 20½.
- Appendix K (Harsco Hourly) One year of service for 1,000 hours in a plan year, commencing at participation. Benefit service is frozen at December 31, 2009.

Compensation

- HEPP Core, App. A, E (Harrisburg Steel) Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options. Compensation after December 31, 2008 will not be considered in calculating pension benefits.
- Appendix B (SCI) Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options.
- Appendix C (Sherwood) Base salary, excluding commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation, severance and value of stock options.
- Appendix D (Tamper) Base salary, including leadman and dual operator premiums and gain sharing payments, excluding overtime, shift premiums, and bonuses.
- Appendix H (Reed) Fixed rate of monthly pay as of January 1, excluding commissions, overtime, and bonuses. See table for compensation freeze dates by location.

Average compensation

- HEPP Core/Appendix A Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation is frozen effective December 31, 2008.

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- Appendix C (Sherwood) Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation for hourly employees is frozen effective December 31, 2001.
- Appendix H (Reed) Average of compensation during the last 5 consecutive calendar years. See table for average compensation freeze dates by location.

Eligibility for Benefits

- HEPP Core/Appendix A Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Employees hired after December 31, 2003 are not eligible.
- Appendix B (SCI) Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Salaried employees hired after December 31, 2003 are not eligible.
- Appendix C (Sherwood) Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Hourly employees hired after December 31, 2001 and salaried employees hired after December 31, 2003 are not eligible.
- Appendix D (Tamper) Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the first day of the following month. Salaried employees hired after December 31, 2003 and hourly employees hired after December 31, 2006 are not eligible.
- Appendix E (Harrisburg Steel) Group now closed to new participants on April 20, 1992
- Appendix F (Fairmont) Covered employees become participants on their date of hire. Employees hired after December 31, 2006 are not eligible.
- Appendix G (Heckett) Employees in a bargaining unit covered by any Labor Agreement described in the plan document who have attained age 20½ and completed 6 months of credited service during 12 consecutive months. Participation for all locations under Appendix G is frozen.
- Appendix H (Reed) Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. See table for eligibility freeze dates by group.

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- Appendix I (HTT UAW) Hourly-paid employees covered by a collective bargaining agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and its Local No. 811. Such employees become participants in the plan on the first of the month following employment. Employees hired after December 31, 2007 are not eligible.
- Appendix J (Capitol) Employees in a bargaining unit covered by any Labor Agreement which incorporates this plan by reference, who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months. No actives are currently covered under this plan.
- Appendix K (Harsco Hourly) Hourly-paid employees of Patent Construction who have attained age 20½ and completed 1,000 hours of service during 12 consecutive calendar months become participants on the following January 1. Other divisions are frozen and have no active participants. Employees hired after December 31, 2009 are not eligible.

Benefits Paid Upon the Following Events

Monthly pension benefit

- HEPP Core Benefit is (i) + (ii) where:
 - (i) 1.2% times average compensation times benefit service (to a maximum of 33 years)
 - (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40The amount above cannot be less than the minimum benefit determined at December 31, 2002 of (i) + (ii) where:
 - (i) 1.3% times average compensation times benefit service (to a maximum of 33 years)
 - (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40
- Appendix A Same as main group, subject to the minimum benefits below:
Minimum for Quaker Alloy Casting Co. Plan
(1.25% up \$4,200 of average compensation + 1% of the excess over \$4,200) x years of continuous service (max 33)
If the employee was a participant prior to January 1, 1976, the minimum benefit at that date is:
30% of average compensation
For this purpose, average compensation is the average of 5 highest years from January 1, 1966 to January 1, 1976 with a \$25,000 maximum salary recognized each year.

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Minimum for Bowen-McLaughlin-York Co. Plan

If an employee was a participant on December 1, 1967, had 15 years of continuous service at that date, and retires on or after normal retirement, the applicable minimum benefit is:

10% of average compensation up to \$4,800 + 30% in excess of \$4,800.

For this purpose, average compensation is the average of 5 highest years from December 1, 1957 to December 1, 1967 with a \$25,000 maximum salary recognized each year.

■ Appendix B (SCI)

Career pay benefit, with a maximum of 35 years credited. The benefit is determined as the sum of (a) and (b) below:

(a) Prior to 1/1/1989

0.75% of plan year compensation + 1.4% of plan year compensation in excess of the Social Security wage base

(b) Post 1/1/1989

1.0% of plan year compensation up to the Social Security wage base + 1.4% of plan year comp. in excess of Social Security wage base

If the participant retires on or after his normal retirement date, but prior to his Social Security normal retirement date, the 1.4% above is changed to 1.39% or 1.36% for participants with a Social Security normal retirement age of 66 or 67, respectively.

Accruals are frozen effective December 31, 2003 for salaried participants.

■ Appendix C (Sherwood)

0.6% up to \$6,600 of average compensation times benefit service, maximum 35 years

+ 0.9% of average compensation in excess of \$6,600 times benefit service, maximum 35 years

Pay and service accruals are frozen effective December 31, 2001 for hourly participants. Service accruals are frozen effective December 31, 2003 for salaried participants.

■ Appendix D (Tampere)

Career pay benefit of 1.25% of compensation up to \$23,100 for 1992 and \$39,600 for all years thereafter

Accruals begin in 2001 for former Pandrol Jackson employees based upon 1.25% of compensation up to \$39,600.

Accruals are frozen effective December 31, 2003 for salaried participants. Accruals are frozen effective December 31, 2006 for hourly participants.

■ Appendix E (Harrisburg Steel)

Total benefit from the main plan or offset total benefit with Actuarial Equivalent Harrisburg Steel benefit.

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- Appendix F (Fairmont) Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2006.
 - Appendix G (Heckett) Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals for all locations under Appendix G are frozen.
 - Appendix H (Reed) See exhibit for listing of accrual freeze dates by location.
 - Social Security benefit The projected amount of the participant's Social Security benefit at age 65 assuming level earnings and a level wage base after termination. For the purpose of determining the Social Security benefit, the salary in the year prior to normal retirement is assumed to be the greater of that year's compensation or average compensation. For all other prior years, the actual earnings history will be used, where available. To the extent that prior earnings are unavailable, a 6% salary scale is used to generate historical earnings.
 - Accrued pension adjustment Determined as (a) divided by (b), not greater than 1 where:
(a) Benefit service at date of termination in complete months
(b) Benefit service projected to normal retirement date in complete months
 - Short service percentage Determined as (a) divided by (b), not greater than 1 where:
(a) Benefit service projected to normal retirement date in complete months
(b) 240
 - Monthly pension benefit Determined as (a) times (b) times (c) where:
(a) 50% of average compensation minus 66.67% of Social Security benefit
(b) Accrued pension adjustment
(c) Short service percentage
 - Appendix I (HTT UAW) Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2007.
 - Appendix J (Capitol) Monthly benefit unit times benefit service. See table of monthly benefit amounts.
 - Appendix K (Harsco Hourly) Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2009.

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Benefit	Age	Vesting Service	Benefit Service	Description
Normal retirement:				
■ All except Appendix F, G, I	65		5	Accrued benefit payable immediately
■ Appendix F (Fairmont) and Appendix G (Heckett)	65	5		Accrued benefit payable immediately
■ Appendix I (HTT UAW)	65			Accrued benefit payable immediately
Early retirement:				
■ HEPP Core, Appendix A, App. E (Harrisburg Steel)	55		15	Benefit reduced 0.3% for each month prior to 65
	55		30	Benefit reduced 0.3% for each month prior to 62
■ Appendix B (SCI)	50		10	The base portion of the benefit is reduced 0.3% for each month prior to 65. The excess portion of the benefit is reduced 2/3% for each month prior to 65.
■ Appendix C (Sherwood)	60		15	Benefit is actuarially reduced for payment prior to age 65.
■ Appendix D (Tampere)	55		5	Benefit reduced 2% per year from 65 to 60, and 6% per year from 60 to 55. For former Pandrol Jackson participants the benefit is reduced 6.67% per year prior to 65.
■ Appendix F (Fairmont)	60	10		Benefit reduced 0.25% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately
■ Appendix G (Heckett)	60	15		Benefit reduced 0.6% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately (excludes Non-union location)
■ Appendix H (Reed)	55	10		Benefit reduced 0.3% for each month prior to 65. Prior to January 1, 1995 the early retirement reduction was 1/180th for each month from 65 to 60 and 1/360th for each month from 60 to 55.

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■ Appendix I (HTT UAW)	60	5	Benefit reduced 0.556% for each month prior to 65
	62	10	Benefit reduced 0.333% for each month prior to 65
■ Appendix J (Capitol)			
■ Houston	60	15	Benefit reduced 0.5% for each month prior to 62
	62	30	Unreduced accrued benefit payable immediately
■ Local 2306	55	10	Benefit reduced 0.5% for each month prior to 65
■ Appendix K (Harsco Hourly)	60	15	Benefit reduced 0.6% for each month prior to 65

Postponed retirement:

■ All Groups except Appendix G, H, I, J, K	>65	5	Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
■ Appendix G (Heckett)	>65	5	Accrued benefit payable immediately
■ Appendix H (Reed), Appendix I (HTT UAW)	>65		Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
■ Appendix J (Capitol)	>65	5	Accrued benefit payable immediately
■ Appendix K (Harsco Hourly)	>65	5	Accrued benefit payable immediately

Vested termination – All Groups

5	Accrued benefit payable unreduced at age 65. If the participant is eligible for early retirement, the accrued benefit payable prior to age 65 is reduced for early commencement as indicated on the preceding page.
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Disability retirement:

■ All Groups except Appendix F, G, H, I, K	15	Accrued benefit payable unreduced at age 65, reduced for early commencement from age 65 to age 55 as indicated above and
■ Appendix F (Fairmont)	10	

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- | | | |
|--|----|---|
| <ul style="list-style-type: none"> ■ Appendices G (Heckett), H (Reed), and K (Harsco Hourly) | 15 | <p>actuarially reduced prior to age 55 (reduction does not apply for Appendix G, and a minimum \$175 per month applies for Central East). A participant qualifies for this benefit after becoming permanently disabled. Disability benefits cease at the earlier of the participant's recovery from disability or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.</p> |
| <ul style="list-style-type: none"> ■ Appendix I (HTT UAW) <ul style="list-style-type: none"> ■ If not receiving Social Security disability benefits ■ If receiving Social Security disability benefits | 5 | <p>\$450 per month payable until the participant begins receiving a Social Security disability benefit</p> |
| | 5 | <p>Accrued benefit payable immediately, continuing until the earlier of the date the participant recovers from disability, the date the participant dies, or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.</p> |

Pre-retirement survivor's benefit:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ■ All Groups except Appendix I | 5 | <p>If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 50% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 50% joint and survivor annuity, reduced for early commencement, prior to his death.</p> |
| <ul style="list-style-type: none"> ■ Appendix I (HTT UAW) | 5 | <p>If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 55% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 55% joint and survivor annuity, reduced for early commencement, prior to his death.</p> |

Maximum on benefits and pay – All Groups:

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Forms of Payment

Normal forms:	<u>Single Participant</u>	<u>Married Participant</u>
■ HEPP Core/Appendix A	10 year certain and life annuity	50% joint and survivor annuity
■ Appendix B (SCI)	Life annuity	50% joint and survivor annuity
■ Appendix C (Sherwood)	Life annuity	50% joint and survivor annuity
■ Appendix D (Tamper)	5 year certain and life annuity	50% joint and survivor annuity
■ Appendix E (Harrisburg Steel)	10 year certain and life annuity	50% joint and survivor annuity
■ Appendix F (Fairmont)	Life annuity	50% joint and survivor annuity
■ Appendix G (Heckett)	Life annuity	50% joint and survivor annuity
■ Appendix H (Reed)	10 year certain and life annuity	50% joint and survivor annuity
■ Appendix I (HTT UAW)	Life annuity	55% joint and survivor annuity
■ Appendix J (Capitol)	Life annuity	50% joint and survivor annuity
■ Appendix K (Harsco Hourly)	Life annuity	50% joint and survivor annuity

Optional forms:

- Annuities
Optional forms of payment generally available under the plan include a single life annuity, 5, 10, and 15 year certain and continuous annuities, 50%, 55%, 66 2/3%, 75%, and 100% joint and survivor annuities. Not all participants may be eligible for all optional forms of payment.
- Lump Sums
Corporate (Core plan document), and Reed Minerals Salaried (Appendix H) participants who terminated after 2008 and Fairmont (Appendix F) participants may elect to take their entire benefit as a lump sum. Corporate (Core plan document), SCI (Appendix B) and Reed Minerals Salaried/Hourly (Appendix H) participants may elect to take their benefits accrued before December 31, 1994 as a lump sum. Central East and Newport KY (Appendix G) and Patent (Appendix K) participants may elect a lump sum if the present value is less than \$15,000 and \$7,000, respectively. If participants are not early, normal, or postponed retirement eligible as of termination, the lump sum generally must be taken within one year

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 Valuation Date: January 1, 2021

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of termination (in all cases for Fairmont; there is no restriction for Central East/Newport KY). Central East participants may elect a lump sum with a present value greater than \$15,000 in the event of a shutdown (which must be taken within one year).

Optional form conversion basis:

- Annuities
For all groups except HTT UAW (Appendix I): 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and an annual interest rate of 6%.

For HTT UAW (Appendix I): UP 1984 Unisex Mortality Table, with an age setback of four years for the co-pensioner or spouse, and an annual interest rate of 7%.
- Lump Sums
For PBGC basis: 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and the applicable IRC § 417(e) interest rates.

For IRC § 417(e) basis: IRC § 417(e) minimum lump sum value.

Future Plan Changes

In 2021, Harsco amended the pension plan to conform the plan document text with the PBGC's announcement concerning their publication of lump sum interest rates and to change the month interest rates are selected for certain lump sum calculations.

WTW is not aware of any future plan changes which are required to be valued.

Changes in Benefits Valued Since Prior Year

During 2020, the PBGC announced their intent to cease publishing at the end of 2020 the interest rate structure used to calculate lump sums paid by the PBGC, which is also used in certain circumstances by the plan for the same purpose, and to instead use IRC § 417(e) interest rates.

There have been no changes in benefits valued since the prior year.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

Harsco Employees Pension Plan

Plan Name: Harsco Employees Pension Plan
 EIN / PN: 23-1483991/219
 Plan Sponsor: Harsco Corporation
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Reed Minerals (Appendix H) Freeze Dates by Location

Location	Participation / Benefit Service Freeze Date	Compensation Freeze Date
Salaried	December 31, 2003	December 31, 2008
Pawnee	December 31, 2007	December 31, 2007
Drakesboro	March 31, 2008	March 31, 2008
Gallipolis	June 30, 2008	June 30, 2008
Beverly	September 30, 2008	September 30, 2008
Rockdale	July 31, 2009	July 31, 2009
Hourly Nonunion	December 31, 2009	December 31, 2009
Moundsville	January 31, 2010	January 31, 2010

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

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

Harsco Corporation

Harsco Employees Pension Plan

Employer Identification Number: 23-1483991

Three-digit Plan Number: 219

December 31, 2021

(a)	(b) Identity of issue	(c) Description of Investment	(d) Cost (in thousands)	(e) Current Value (in thousands)
	First American Government Obligations Fund Class Z	Money Market Fund	\$ 1,629	\$ 1,629
*	Harsco Corporation	Common Stock	1,708	5,180
	MetLife, Inc.	Common Stock	<u>1</u>	<u>1</u>
	Total Common Stock		1,709	5,181
*	SEI S&P 500 Index Fund	Mutual Fund	23,364	35,189
*	SEI Small Cap II Fund	Mutual Fund	6,377	6,749
*	SEI Extended Market Index Fund	Mutual Fund	5,214	6,473
*	SEI World Equity Ex US Fund	Mutual Fund	45,324	44,195
*	SEI Emerging Markets Equity Fund	Mutual Fund	6,875	6,588
*	SEI Core Fixed Income Fund	Mutual Fund	54,573	55,850
*	SEI Long Duration Bond Fund	Mutual Fund	32,572	33,631
*	SEI High Yield Bond Fund	Mutual Fund	9,010	9,079
*	SEI Emerging Markets Debt Fund	Mutual Fund	7,059	6,554
*	SEI Dynamic Asset Allocation Fund	Mutual Fund	<u>8,002</u>	<u>9,370</u>
	Total Mutual Funds		198,370	213,678
*	SEI Structured Credit Collective Fund	Collective Investment Trust	<u>10,000</u>	<u>13,666</u>
	Total Investments		<u>\$ 211,708</u>	<u>\$ 234,154</u>

* Represents party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		5		1		0		0		0		0		0		0		0	
35 - 39	0		2		1		2		0		0		0		0		0		0	
40 - 44	3		2		1		0		0		0		0		0		0		0	
45 - 49	1		9		6		6		2		1		0		0		0		0	
50 - 54	2		4		12		9		8		0		0		0		0		0	
55 - 59	2		4		11		12		14		7		1		0		0		0	
60 - 64	3		7		12		9		9		6		9		2		1		0	
65 - 69	0		2		2		1		6		2		12		6		1		0	
70 & Over	0		0		0		1		1		0		1		2		0		0	

Plan Name: Harsco Employees Pension Plan
 EIN / PN: 23-1483991/219
 Plan Sponsor: Harsco Corporation
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.22%
Second segment rate	5.36%	3.38%
Third segment rate	6.11%	3.92%
Effective interest rate	5.52%	3.50%

Interest rates used to determine lump sums: Funding interest rates

Demographic Assumptions

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

Mortality

- Healthy and disabled Separate tables of rates for non-annuitants (based on RP-2014 "Employees" table (male and female) without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table (male and female) without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).
- Lump sums For lump sums determined on the IRC §417(e) basis, the Applicable Mortality Table for the current year is used.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by group and age

Representative termination rates are shown below:

Terminations per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
20	120	140
25	120	140
30	120	140
35	110	140
40	99	120
45	89	90
50	78	70
55	50	50
60+	50	30

Participants commence annuity benefits at age 63 (including current deferred inactives) and lump sums upon termination.

Disability

Representative rates at which participants become disabled by age and gender are shown below:

Disablements per 1,000 participants		
Age	Males	Females
30	0.71	0.85
35	0.99	1.75
40	1.62	3.15
45	2.70	4.65
50	4.93	6.26
55	9.14	8.05
60	14.70	11.25

Plan Name: Harsco Employees Pension Plan
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Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

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Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by group and age are shown below:

Retirements per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
55	100	0
56	30	0
57	30	0
58	30	0
59	30	0
60	100	100
61	100	100
62	200	200
63	200	200
64	200	200
65	300	300
66	400	400
67	500	500
68+	1,000	1,000

Form of payment

Active participants (retirement and termination decrements)

- HEPP Core and Appendix H (Reed)

10-year certain and continuous life for single participants and 40% of married participants, 50% J&S for 60% of married participants. For benefits available as a lump sum, 80% of participants are assumed to elect a lump sum and 20% are assumed to elect an annuity.
- Appendix D (Tamper)

5-year certain and continuous life for single participants and 40% of married participants, 50% J&S for 60% of married participants.
- Appendix F (Fairmont)

80% of participants elect lump sum. The remaining 20% are assumed to elect an annuity.
- Appendix I (HTT UAW)

Life annuity for single participants and 40% of married participants, 55% J&S for 60% of married participants.
- All Others

Life annuity for single participants and 40% of married participants, 50% J&S for 60% of married participants.

Deferred inactive participants

- Under age 65

Normal form of payment for unmarried participants (single life annuity for deferred beneficiaries).
- Age 65 and over

Single life annuity calculated as of the later of normal retirement date and termination date to the assumed commencement date are payable as a one-time lump sum with interest at the assumed commencement date.

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Percent married	75%. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife two years younger than husband
Administrative expenses	Estimated based on actual expenses during the prior year (adjusted for expected changes in current year expenses). The assumption for 2021 is \$2,432,631.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year (January 1)
Funding target	Present value of accrued benefits, as required by regulations under IRC § 430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC § 430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the four immediately preceding semi-annual periods, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.02% during the calendar 2020 and 6.29% during calendar year 2019 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the</p>

Plan Name:	Harsco Employees Pension Plan
EIN / PN:	23-1483991/219
Plan Sponsor:	Harsco Corporation
Valuation Date:	January 1, 2021

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Benefits not valued

method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

All benefits described in the Plan Provisions Attachment were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays automatic cashouts of small benefits with a present value up to \$5,000 in a single lump sum payment, optional distributions for small present values in certain circumstances, and various actuarially equivalent annuity options. Such forms of payment are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Late retirement actuarial increases for active participants who were over 65 prior to the year in which Harsco began providing suspension of benefits notices to active participants over Normal Retirement Age are not explicitly valued (fewer than five were identified in the valuation data).

Sources of Data and Other Information

Harsco Corporation through its third-party administrator furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by Harsco Corporation. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any such significant event, so no adjustments were made.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

Lump sum benefits are valued assuming that the lump sum conversion rate in the future is equal to the discount rate.

Administrative expenses

Administrative expenses for the coming year are estimated by taking the actual expenses paid during the prior year and adjusting for expected changes in the current year, reflecting items like expected changes in PBGC premiums.

Investment return

A 6.02% investment return assumption for 2020 was selected for use in the actuarial value of assets (with such expected earnings limited as described in IRS Notice 2009-22). This assumption is based on an estimate of future experience for asset investment returns reflecting the plan's asset allocation and any expected changes during the plan year, market

Plan Name: Harsco Employees Pension Plan
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conditions at the measurement date and expectations for future market conditions. Portfolio return simulations using WTW's CAP:Link model were used to select this assumption.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC § 430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC § 430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred vested benefits	Deferred vested participants are assumed to receive lump sum benefits upon termination and to commence annuity benefits at the later of age 63 or the current age based on a best estimate of commencement age based on an experience study conducted in 2018.
Form of payment	Form of payment assumptions were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Spouse age	The assumed age difference for spouses is based on the age difference observed among recent retirees from the experience study conducted in 2018.
Percent married	The assumed percent married for participants not in payment is based on a review conducted in 2018 of U.S. census population for individuals at retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC § 430, or were selected by
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Plan Name: Harsco Employees Pension Plan
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Valuation Date: January 1, 2021

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the plan sponsor from a range of methods permitted by IRC § 430.

Changes in Assumptions and Methods

Change in assumptions and other matters since prior valuation

The segment interest rates used to calculate the funding target and lump sums were updated from an applicable month of September 2019 to September 2020, as required by IRC § 430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the applicable mortality improvement scale and one additional year of projected mortality improvement, as required by guidance issued by IRS under IRC § 430.

The mortality table used for purposes of valuing lump sums subject to IRC § 417(e) was updated to reflect the Applicable Mortality Table in effect for the valuation year.

The administrative expense assumption used to calculate the target normal cost was updated to reflect recent plan experience.

Change in methods since prior valuation

None.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Harsco Corporation
EIN/PN	23-1483991/219
Plan Name	Harsco Employees Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	David Webber
Enrollment Number	20-06137

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

Retirement rates varying by group and age are listed below:

<u>Age</u>	<u>Retirements per 1,000 participants:</u>	
	<u>Pay-Based Formula</u>	<u>Dollar-Based Formula</u>
55	100	0
56	30	0
57	30	0
58	30	0
59	30	0
60	100	100
61	100	100
62	200	200
63	200	200
64	200	200
65	300	300
66	400	400
67	500	500
68	1,000	1,000

For 1,000 theoretical participants, an expected retirement age was calculated for each group noted above, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The Plan's weighted average retirement age of 62 is the average of the expected retirement ages, weighted in proportion to the number of active participants in each group.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Harsco Corporation
Valuation Date: January 1, 2021

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5**

4699

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)**

223

a(2) Total number of active participants at the end of the plan year**6a(2)**

198

b Retired or separated participants receiving benefits**6b**

2149

c Other retired or separated participants entitled to future benefits**6c**

1796

d Subtotal. Add lines 6a(2), 6b, and 6c**6d**

4143

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

468

f Total. Add lines 6d and 6e**6f**

4611

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****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 Characteristics Codes in the instructions:**1A** 3H**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 H, Line 4(j) - Schedule of Reportable Transactions
Harsco Corporation
Harsco Employees Pension Plan
Employer Identification Number: 23-1483991
Three-digit Plan Number: 219
Year Ended December 31, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (i)
Category (i) - Single transaction exceeds 5% of the current value of Plan assets.						
SEI Core Fixed Income Fund	Mutual Fund	25,592,215	-	25,592,215	25,592,215	-
SEI Large Cap Fund	Mutual Fund	-	16,969,130	16,902,912	16,969,130	66,218
Category (iii) - Series of transactions in the same security exceeds 5% of the current value of Plan assets.						
First American Government Obligations Fund Class Z	Money Market Fund	17,306,712	-	17,306,712	17,306,712	-
		-	17,385,867	17,385,861	17,385,867	6
SEI Core Fixed Income Fund	Mutual Fund	27,355,109	-	27,355,109	27,355,109	-
		-	887,209	860,124	887,209	27,085
SEI Large Cap Fund	Mutual Fund	-	17,059,050	16,996,657	17,059,050	62,393
SEI World Equity Ex US Fund	Mutual Fund	8,691,102	-	8,691,102	8,691,102	-
		-	19,777,903	10,486,233	19,777,903	9,291,670

There were no category (ii) or (iv) transactions.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

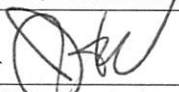
A Name of plan Harsco Employees Pension Plan	B Three-digit plan number (PN) ▶ 219
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Harsco Corporation	D Employer Identification Number (EIN) 23-1483991
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	228,476,629	
b Actuarial value	2b	206,734,538	
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	2,475	123,966,176	123,966,176
b For terminated vested participants	2,001	63,826,843	63,826,843
c For active participants	223	12,495,538	12,751,323
d Total	4,699	200,288,557	200,544,342
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	5.52%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	2,432,631	
c Total (line 6a + line 6b)	6c	2,432,631	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	David H Webber		SEPTEMBER 16, 2022
	David H Webber	Signature of actuary	Date
	Willis Towers Watson US LLC	Type or print name of actuary	2006137
	800 North Glebe Road	Firm name	Most recent enrollment number
	Arlington VA 22203	Address of the firm	703-258-8000
			Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
			☐ 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 Is the plan required to provide a Schedule of Active Participants? 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	2,432,631	
b Excess assets, if applicable, but not greater than line 31a	31b	2,125,465	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	307,166	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	307,166	307,166
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011